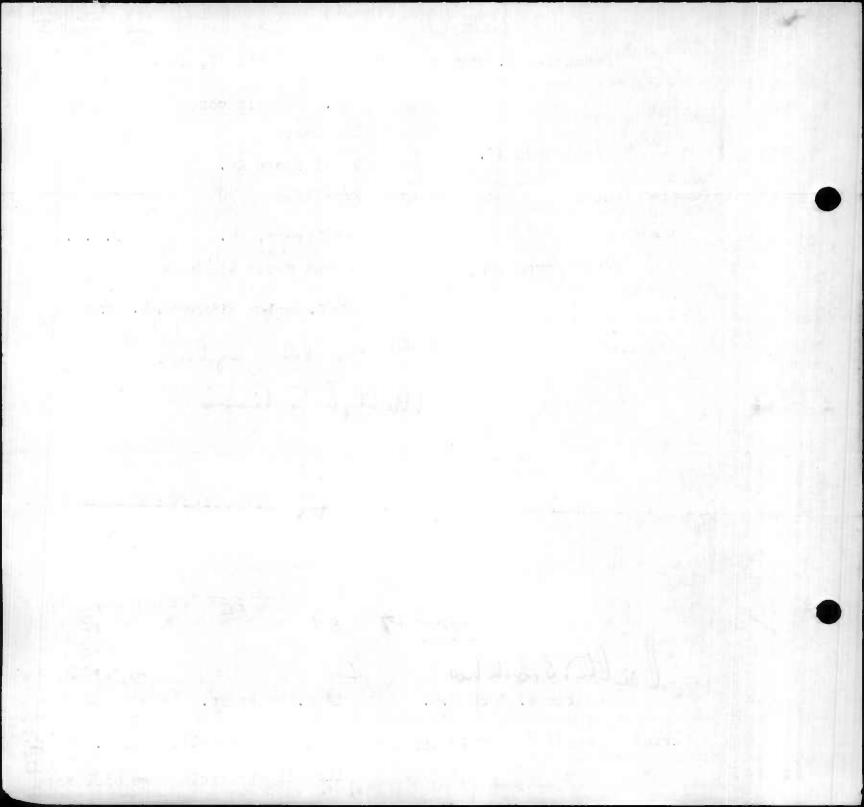
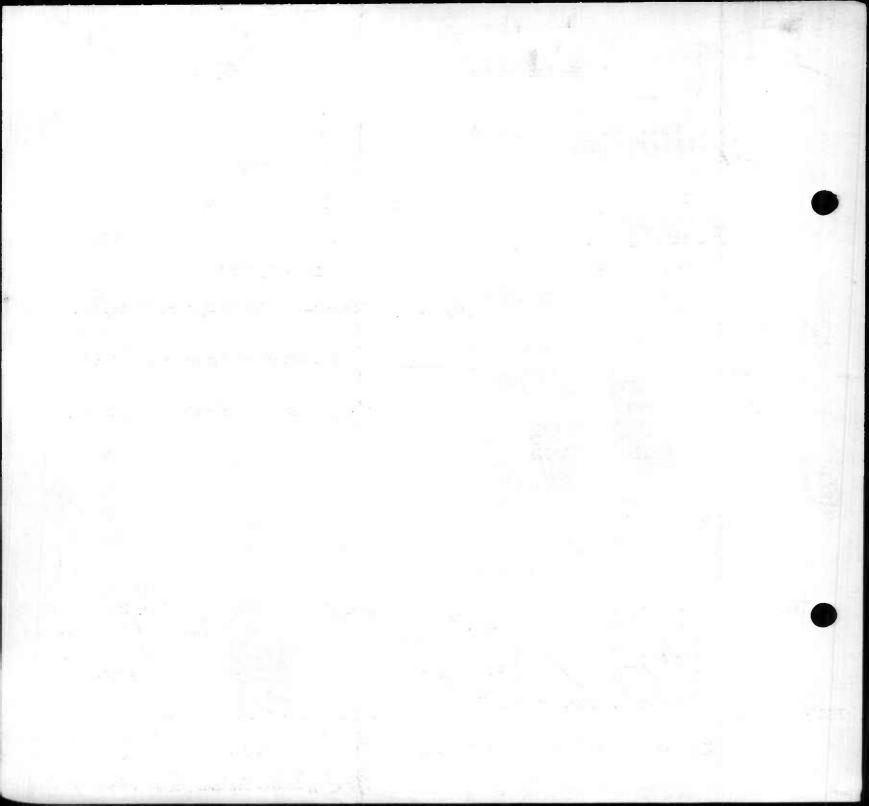
	69 4501 BALTIMORE	CITY HEALTH DEPARTMENT
70050	BIRTH NO. 69 4501 CERTIF	ICATE OF DEATH REG. NO. 69 4501
of death Deceased e on the	1. NAME OF DECEASED Jeannette E. Straus	2. DATE AND HOUSE OF DEATH 69
pita of Dec ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
se se (5) an de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Baltimore 27-12
cau cau se; end	INSTITUTION	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES A NO
rting d cau r atte prior	9 Bellemore Rd.	9 Bellemore Rd.
tribu nine gula sed mad	Female 6. RACE 7. MARRIED NEVER MARRIED	= 7/21/1000 lost 4000y
0 0 - 0	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND done during most of working life, even if retired)	
or condeternation	Homemaker	Baltimore, Md. U.S.A.
if dearect or (4) Unc was the d spositi	13. FATHER'S NAME Edwin Eareckson	Anna Marie Blunkett
45 F. C.	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
isterin kin kin kin kin kin kin kin kin kin k	(Yes, no or unknown) (If yes, give wor or dotes of service) NO	Lelia E. Baxley Ridgewood, N.Jersey
if the integral in the integra	18. 3 / O Y I CAUSE OF	
f of no	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The OO . CA.
. Als ure o onou r att	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:
ner actu pr	injury or complication which coused death.)	A CO.
A fr who reg	DISEASES OR CONDITIONS, if any, giving DUE 10,	OR AS A CONSEQUENCE OF:
(3) (3) v in v	rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)	
dical dical rrns; sicio was mair	z II	
bon by hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
od od	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 9 0 0 0 0	U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY	(e.g., in or obout 21C. WHERE DID (If In Baltimore City, give exact location) eet, office bidg., INJURY OCCUR?
== 0 0 0	O DEATH (notify medical examiner)	eet, omce blog., INJURY OCCOR:
hospita nature; ept who d (6) No	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRE OF INJURY	D 21F. HOW DID INJURY OCCUR?
ove e h r r r r r r r r	(APPROX.) Work At	Work
an a	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive an	1969 to 27 1969, ond that In(my) (our) aprilian death accurred an the date
0 0 0 7 7	and have and from the causes stated above. (1) (We) (did) (did	
SOBOBE	23A. SIGNATURE	Attending Med. Staff
rele acci a h r to	23C. PHYSICIAN'S DEGREE	Phys Director Phys
certificate m sody was reli s: (1) An acci D.O.A. at a b ased prior to	Walter B. Buck M.D.	18 E. Eager St.
F # 0 0 5	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 4/30/69 Druid Ridg	e Cemetery Pikesville Balto. Md
This the I show was dece	MAY 1 1969 A D & E Soule	M.D Mitchell-Wiedefeld Home 6500 York
	VS 150-REV. 1/1/6B	1 4 5 5



RGB

	69	Trans.	TY HEALTH DEPARTMENT REG. NO.	69 4502
	BIRTH NO.	CERTIFICA	ALL OF DEATH	
	1.NAME OF DECEASED (Type or Print) Lillie Mae		2. DATE AND HOUR OF DEA April 28, 196	
	3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission
	FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Md. Ormee &	les Cs. 66-00
	US Public Health Servi	ice Hospital	Hyattsville	INSIDE CITY LIMITS?
	3100 Wyman Parkway		E. STREET AND NUMBER 1807 Fox Street	YES NO NO
	H, IN	MARRIED NEVER MARRIED	8. DATE OF BIRTH 5/31/11 9. AGE (In years lost birthdoy 57)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	10A USUAL OCCUPATION (Give kind of work 10B	VIDOWED DIVORCED E		
	Cosmetic Rep Hwf.	a mile of besiness or indesir	DC	USA
	Bernard Hazel		14. MOTHER'S MAIDEN NAME Lillie M. Edelin	
- [}	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknawn) (If yes, give war ar dates af	? 16. SOCIAL	17. INFORMANT	ADDRESS
	NO	577-01-7831	Records- US PHS Hospita	al, Balto, Md.
$\ $	18. 04.01	CAUSE OF DEAT	TH	APPROXIMATE INTERVAL
-	DISEASE OR CONDITION DIRECT	TLY	T	BETWEEN ONSET AND DEATH
Ш	LEADING TO DEATH (This does not mean the mode of dy)	(A) IMMEDIATE CA	use Intracerebral hemori	rhage Terminal
	heart lailure, asthenia, etc. It means the injury ar complication which caused dea	disease,	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES		A ! - 3	
1	DISEASES OR CONDITIONS, if any,	(B)	Acute lymphagytic laukemis	2 mos.
	rise to the above couse (A) sta UNDERLYING CONDITION last.	anny me	S A CONSEQUENCE OF:	
I		(C)		***************************************
	O OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE ODISEASE OR CONDITION GIVEN IN PART 1 (ERMINAL		
	DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORA	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 R. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
Ш	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)	218. PLACE OF INJURY (e.g., hame, farm, lactory, street, a etc.)	in or about 21 C. WHERE DID III In Rollin	mare City, give exact lacation)
		loud 21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX)	While At Not Whi	le 🗀	
	22. I certify that (1) (this hospital) at		Feb. 13 19 69	Apr. 28 19 69
	that (1) (we) last sow the deceased of		19 69 and that In(my) (645),	plaion death occurred on the date
	and hour and from the causes stated a	above. (1) (We) (did) (djd/gby)	view the body after death.	
	23A. SIEN APURE	10		23 B. DATE SIGNED
	1 (UM WW). 1	MM M Phy	s. Med. Shaff	4/28/69
	Marther L. Carr, Sur	geon (R)	US PHS Hospital, Balto, I	Md
2	24A. BURIAL CREMATION, 24B. DATE	24C. NAME at CEMETERY of CR		
	Burel 5-1-69	Ft. Linclan Con	THE TO SAMON	Truck larges and
	MAY 1 1969	P. D. OPE Garbas	25C. FUNERAL DIRECTOR	GO. J. U. Sil Ab. M.D.
IF	/S 150-REV. 1/1/68		/ Joe was	seed of the state of



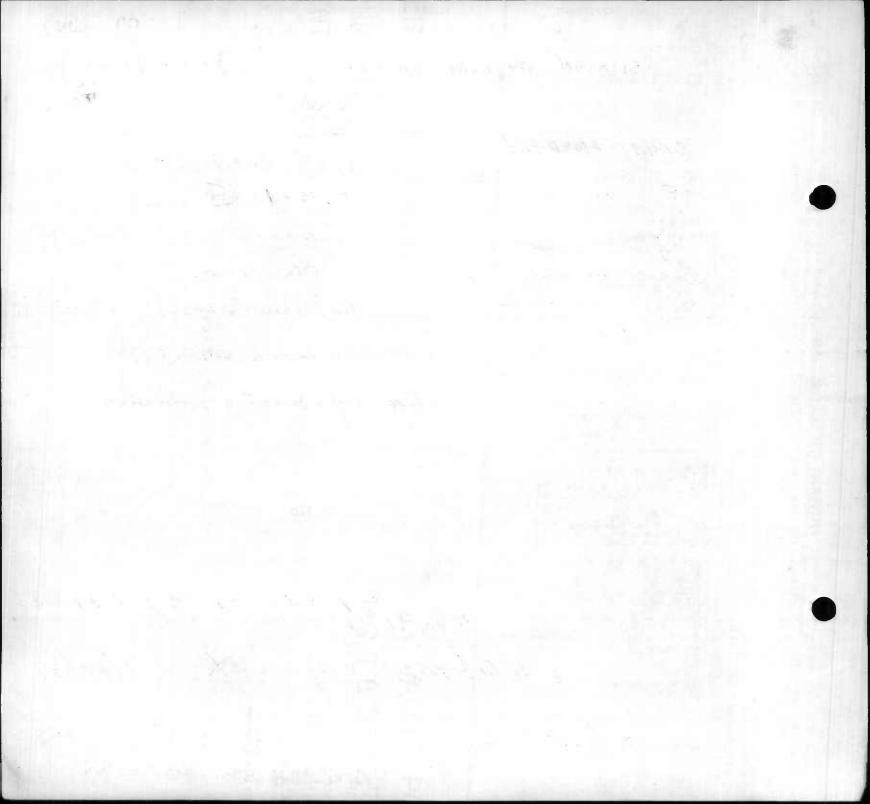
VS 150-REV. 1/1/68

BALTIMORE	CITY	HEALTH	DEPARTMENT
DATIMONE	CIT	I I PLANT I I I	PEIAKIMEITI

			BALTIMORE CITT HEALTH DEPARTMEN
	69	4507	CERTIFICATE OF DEATH
FARED			In DATE

REG. NO.	69	4503
	-00	10

CO PIA HTGIS	CERTIFICA	TE'OF DEATH	REG. NO.	03 4500
BIRTH NO.	*	2. DATE AN	ID HOUR OF DEATH	
Type or Print)	Remark Q 11		3 PM 4,0	91169
3. PLACE IN BALTIMORE, MARYLAND, WH	KON KON		re deceased lived. If instituti	on: residence before admission
S. PEACE IN BALIMONE MARILAND, WE	TERE PRONOGNICED DEAD	A. STATE B. COUN		1 4 0
FULL NAME OF (IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Md		27-30
HOSPITAL OR ADDRESS OR LOCATION	TION)	C. CHY OR TOWN	D. INSIDE C	ITY LIMITS?
	/	Balla	YES	NO T
Binal Hospit	a/	E. STREET AND NUMBER	. ^	^
Dellat 12 - 11		3100 13	mania R.	_0
SEX 6. RACE		8. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr., If Under 24 Hrs.
STATE OF THE STATE	MARRIED NEVER MARRIED	(i= P-	last bistingay Mo	nths Doys Hours Min.
	WIDOWED DIVORCED	0/13/60	38	
BA. USUAL OCCUPATION (Give kind of work) one during most of working life, even if retired)	IOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign countryl 12.	CITIZEN OF WHAT COUNTRY?
-7-		C	^	Ch Sa
3. FATHERY NAME		14. MOTHER'S MAIDEN NA	MF	000
			*10	
Lepmen		Man	ma	
5. Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dotes	os? 16. SOCIAL	17. INFORMANT		ADDRESS
Tes, no of unknown (ii) yes, give wor or doles	of service) SECURITY NO.	20 R. O. 1	S. A 1	5
100	64485 05 054	Mr. Mekard	Sisking	same
18. / 74 XI	CAUSE OF DEAT	н		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	ECTLY			/
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Cardio Puls	mondaly AMI	ling.
(This does not meen the made at heart lailure, asthenia, etc. It meens		A CONSEQUENCE OF:	10	
injury or complication which caused		6		,
ANTECEDENT CAUSES		od bo	t = - st.	ture
	(B)	A CONSEQUENCE OF:	C mars	14/19
DISEASES OR CONDITIONS, if o	11/7 9. 111.9	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			
1				
O OTHER SIGNIFICANT CONDITIONS CON	ITPIRITING			
IN THE DEATH BUT NOT KETTIED TO TH	E TERMINAL			
		20A. AUTOPSY? (Yes or N	20B. IF YES, WERE FINDI	NGS CONSIDERED
19A. DATE OF OPERATION 19B. CONE	DRMED	No	IN CERTIFYING CAUSES	OF DEATH?
A SCIDENT WAS UNDERLYING	DIR BLACE OF INTURY	NAC MARKE DID	(If) Delices Co	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, farm, factory, street, a	ffice bldg., INJURY OCCUR?	(if in bottimore City	r, give exact location)
DEATH (notify medical examined	etc.1			
21D. TIME (Month) (Dov) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
OF INJURY	While At Not Whi	le 🗂		
(APPROX.)	Work L At Work			
22. I certify that (I) (this haspital)	attended the deceased fram	41131	1969 to 4/	29/1969.
that (I) (we) last saw the deceased	dalive on 2 30 21	9 2,19 69 and th	est in (my) (que) eninian	death accurred an the date
	PM		iai many (aor) apiman	death decorred an the date
and have and from the causes state	ed abave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	, /		23 B.	DATE SIGNED
	11 V 11 M 111/1 / 11/1/1 Dh.	ending Med. Director	Staff Phys.	4/29/10
23C. PHYSICIAN'S	LILL OF THE DEGREE	23D. ADDRESS	1 11y 3./———	12/67
NAME (Typel	The second second			
	DEGREE			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. I	OCATION (City, to	wn, or countyl (Stotel
C 130/1	9	- F) Ma	Vac
	0 (9 ~ 11 //	AAIN
25A. DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTO	Jallo	ADDRESS

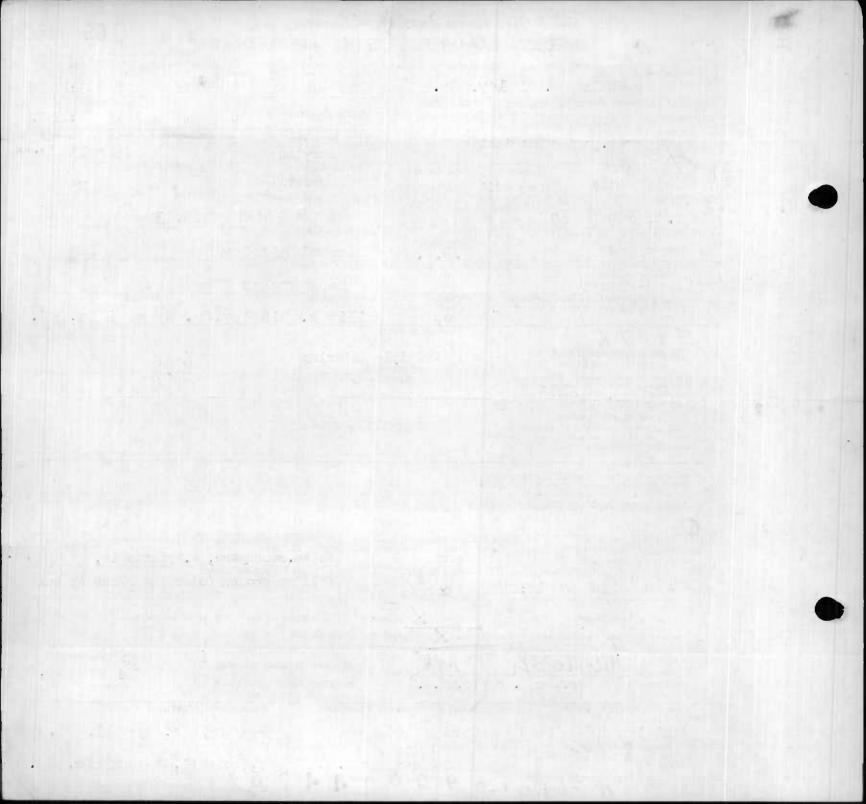


69 4504 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FYAMINER'S	CERTIFICATE	OF DEATH
MEDICAL	EVWMIIIAFK 2	CERTIFICATE	OF DEATH.

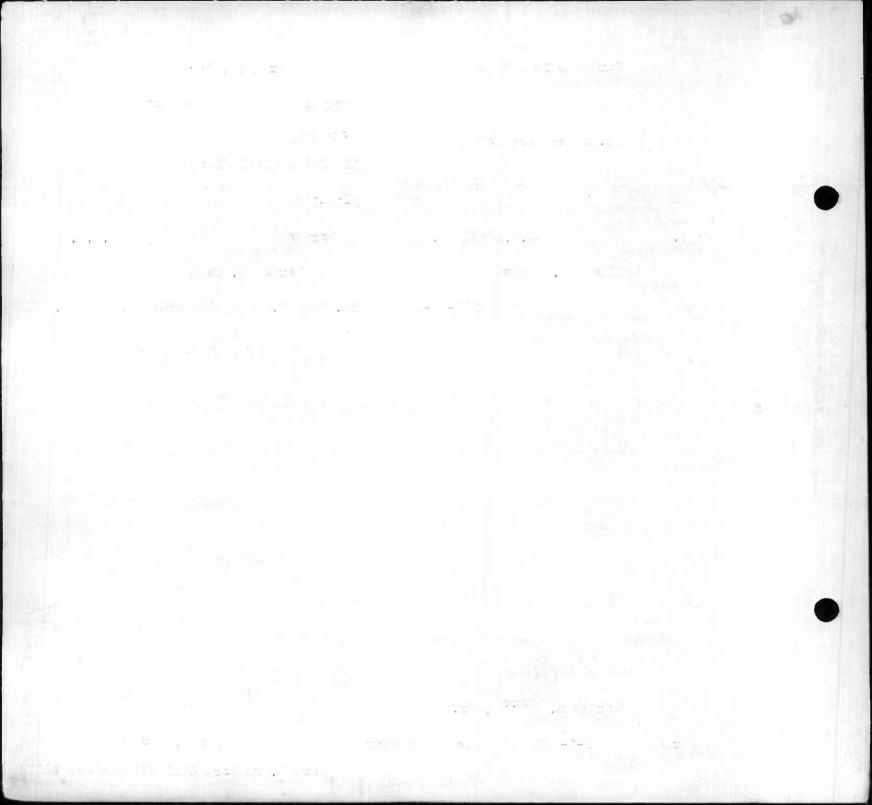
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			00	40	UB	ALTIMORE CITY HE	ALTH DEPAR	TMENT			X		69	4504
F			MED	ICAL	EX.	AMINER'S C	CERTIFIC	CATE	OF	DEAT	H REG. N		00	4001
BIR	TH NO.										REG. I	VO		
	NAME OF DEC		lip B.	Ride	lev	Sr.	2. DATE OF		ted 🗆	Month	28	1969	1:1	7 PM
4.	PLACE IN BAL					/	3. DATE	Lattitio	,,,,,	Month	Day	Year	Hour	- 1 - M:
FUL	L NAME OF	(IF NO		AL OR INS		, GIVE STREET		INCED D		4	28	1969	1:1:1	М.
OK	INSTITUTION	St.	Agnes	Hosp	ital		A. STATE	Maryl		dece osed l	B. COUNT	otian: residence l	roll	ission)
6.	SEX	7. RACE	F 1, U.	B. MARE	RIED 🔲	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDI	E CITY LIMITS?		
	Male	White		WIDOV	VED [DIVORCED 🗌	5	Sykes	ville	9		YES 🗌	NO 🖾	
1	ept.1,		last birthda		If Unde Months	er 1 Yr. If Under 24 Hrs. Days Haurs Min.	E. STREET A	obrec		ad	R.D.	3		
_	BIRTHPLACE (S		n country)		12. CIT	IZEN OF	13. FATHER				It.D.	J		
	Mary:		,			IAT COUNTRY?	100		Rid	gley				
144	USUAL OCCU	PATION (Give	kind of work	14B. KIND	OF BU	U.S.A.	15. MOTHER	R'S MAID	EN NA	WE ETG'A	-			
don	etired	orking life, ev	en il retired)					ry H						
16.	WAS DECEASE	ED EVER IN	U.S. ARMEI	FORCE	5? 1	7. SOCIAL	18. INFORM		IUEII	CD		ADDRESS		
(Ye	s, na ar unknown) No	(If yes, give w	or ar dates	of service)	Yes	Philir	B.	Rid	glev.	Jr. S	Sykesvi	770.	Md.
-	19.	DOV			-	CAUSE OF DEA		100	2620	810,	OIO	Al	PROXIMATE I	INTERVAL
TION	(This does no heart lailure, injury ar com DISEASES (RISE TO THE UNDERLYIN		made of dy It means the caused de CAUSES ONS, IF AN USE (A) STA ON LAST.	ving, e.g., e disease, oth.) Y, GIVING		(B)		UENCE O						
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	GIVEN IN P	THE TERM	INAL									
	20A. DATE OF	OPERATION	20B. CO	NDITION	FOR W	HICH OPERATION WA	AS PERFORM	ED					PSY? (Yes No	ar Na)
MEDICAL	UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	USE OF DEA	TRIB- TH.	r) (Hau	ham e, l	ACE OF INJURY(e.g., arm, factary, street, alfice farm INJURY OCCURRED ILE AT AT WOT RK AT W	e bldg., etc.)	Balto 2F. HOW	Sto	ckyard	, W.Fr	exact lacation) riendship ring cha	0,	sville Md bull
		URE WEER'S		25h	Acc	Audent Suicion M.D. M.D.	de Ho	micide	EDICAL I		, death In ined mann [] [X]		date sid April	5NED 28,196
24 RE	A. BURIAL CREA MOVAL (Speci	MATION, 2	4B. DATE		_ 24C.	NAME of CEMETERY	ar CREMATO	PRY	24D.	LOCATION	(City,	tawn, or county) (St	tate)
	Burila	1	5/1/1			Springfiel			S	ykesv	ville.	Carrol	1, M	d •
25	A. DATE REC'D	BYHEALTH	DEPT	25B. N		E Colon	25C. I	M. Wa	DIRECT	OR		ADDRESS Sykesvi		Md.
VS	151-REV. 1/1/68	3 1/	GLO		7 6	9 0	0 1	4	7	Q				1.4



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		69	4505	BALTIMORE CITY	HEALTH DEPARTMENT	11	
		,,,	1000	CERTIFICA	TE OF DEATH	REG. NO	69 4505
	TH NO.	FASED		021(11110)		ND HOUR OF DEATH	
	e or Print)		enn Rowe	4		1 29, 1969	
3. 1	PLACE IN BAL				4. USUAL RESIDENCE (W)	ere deceased lived. If i	nstitution: residence before admission)
					A. STATE 8. COU		ma Ca 12 a
HO	LL NAME OF	ADDRESS OR LOC	TAL OR INSTITU (ATION)	JTION, GIVE STREET	Maryland c. CITY OR TOWN	Baltimo	SIDE CITY LIMITS?
INS	NOITUTIT	Carlisle Penn Row Carlisle Pen			U. IIVS	YES NO	
	160	St. Agnes	Hospita]		Catonsville E. STREET AND NUMBER		123
	7				210 Rollingf:	ield Road	
5. \$	EX	6. RACE	7. MADDIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	М	TAT .				last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
ιóλ		UPATION (Give kind of wo			5-16-1904 11. BIRTHPLACE (State or fo	64	12. CITIZEN OF WHAT COUNTRY?
						,	
	ipt.		A.S.Abe	11 Co.	Maryland		U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N.	AME	
		William E.	Rowe		Maria	O. Penn	
15.	Wos Deceosed	Ever in U. S. Armed Fo	orces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	_	ir ir yes, give wor ar do	ics di scivice,	1	Mrs. Ruth V. 1	Rowe 210 Ro	llingfield Rd 2122
_		4 (1)				, 210 10	APPROXIMATE INTERVAL
	1-10	SE OR CONDITION D	IDECTI V		~		BETWEEN ONSET AND DEATH
	/ DISEA				Millarya	dial del	astr.
						and Colla	organ
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hend failure, ashenic, etc. It means the diseases, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYNG CONDITIONS, on STRIBUTING (C) TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.A. DISEASE OR CONDITION SCONTIBUTING (C) TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.A. DISEASE OR CONDITION GIVEN IN PART I.A.							
					(B) A3+	morrisen	2 (VAC
				DUE TO, OR AS	A CONSEQUENCE OF:		
			Jiamig me	(c)			
		11					
ON							
ATI	DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).				
IFIC	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ERT	0						
O	OR CONTRIB	NT WAS UNDERLYING	21 8,	PLACE OF INJURY (e.g., e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Baltima	are City, give exoct lacotian)
CAL							
ō		(Month) (Doy) (Year	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
\$							
					1	12 /1	1- 19
	22. I certify	that (1) (this haspite	al) ottended th	ne deceased from	Jecus 10	19 4 L to	19.0/
	that (1) (we) last sow the deceos	ed olive on	mi 10	19ond	that in (my) (out) ap	inion death occurred on the date
	and hoper on	d from the couses st	oted-abave. (1) (We) (did) (did nat)	view the body ofter death	•	
	23A. SIGNAT	URE O					23B, DATE SIGNED
	0	LUYZS	Cen	Phy	ending Med.		4/3/69
			/	DEGREE		r 00	11 -01
		Туре)	Carr	Tee	30. Gr)	n. Ola	2 54
244	SIIDIAI CDE		,	DEGREE	FAM A TORY	LOCATION "	Title town or country (State)
24 A	REMOVAL	(Specify)		TIVE OF CENTELERY OF CK	LIVIATORT 24D.		
	Burial	5-2-19	69 Woo	dlawn Cemete	ry	Woodlawn,	Maryland
25A	. DATE REC'D	BY HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	11	ולמבו ד וזייו	O lossed	oc. newww.	Howard H.	Hubbard 4107	Wilkens Ave 21229
V S	150-REV. 1/1/	'68		1 1 1	9 9 7		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT 4506 CERTIFICATE OF DEATH

4506 REG. NO.

BIRTH NO.								
(Type at Print)	MARY		TARS TA			re and hour of pril 30,	1969	
2 DI ACE IN DA	LTIMORE, MARYLAND,	WHERE PROA		14. USUAL				stitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSE	PITAL OR INS	TITUTION, GIVE STREET	A. STATE Mary	В. С	COUNTY		28-64
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITY OF	TOWN		D. INSI	DE CITY LIMITS?
6	4611 01d F	rodoric	le Dond	Balt i				YES NO
00	4011 010 1	rederic	K Roau	E. STREET	AND NUMB			
				4611	01d F	rederick 1	Road	
5. SEX	6. RACE	7- MARRIE	D NEVER MARRIED X	8. DATE OF	BIRTH - 1899	9. AGE (In y tost birthday)	eors	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
Female	White		OF BUSINESS OR INDUSTRY					12. CITIZEN OF WHAT COUNTRY
	f warking life, even if retired				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Retired	d				Mary	land		U.S.A.
13. FATHER'S NA	ME			14. MOTH	R'S MAIDEN	NAME		
Fra	ank Tarsia	,			Ro	se Biando		
15. Was Decease	d Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORM		26 Prando		ADDRESS
Yes, no of unknow	n) (If yes, give war ar d	ates of service	SECURITY NO.					
			213-36-4567	Mrs. (Catheri	ne W. Cox	, 221.	5 Pleasant Dr. 2122
1B. 1 6	2.1 1		CAUSE OF DEAT	H				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION	DIRECTLY		-	0	Λ		DELIVERY GROOT AND DEATH
	LEADING TO DEAT	Н	(A) IMMEDIATE CA	USE Gine	enot	Gene		
	nat mean the made		9. DUE TO, OR AS		ENCE OF			
	, asthenia, etc. It mea mplication which caus		se,	4-		0		
	ANTECEDENT CAUS		,	Trata		•		2.00
			(B)	mon	JENICE OF			
	OR CONDITIONS, it			A CONSEQ	JENCE OF:			
	IG CONDITION last.	s, stailing i	(C)					
-	- 11							
O OTHER SIGN	II IFICANT CONDITIONS (ONTRIBUTIN	G					
F TO THE DEA	TH BUT NOT RELATED TO	THE TERMINA						
DISEASE OR	F OPERATION 198. CO		R WHICH OPERATION	20 A. AU	TOPSY? (Yes	ar No) 20B. IF YE	S. WERE !	FINDINGS CONSIDERED
世の		ERFORMED				IN CERTIF	YING CA	USES OF DEATH?
19A. DATE O	ENT WAS UNDERLYING		21B. PLACE OF INJURY (e.g.,	in or about 21	C. WHERE D	OID (If i	n Baltimar	e City, give exact facation)
OR CONTRIB	UTING CAUSE OF		nome, form, factary, street, o	ffice bldg., IN	IJURY OCCL	I R?		
	y medical examiner)		210.7					
OF INJURY	(Manth) (Day) (Yes	(Hour)	TE. INJURY OCCURRED	21	F. HOW DI	D INJURY OCCUR	?	
(APPROX.)			White At Not Whi	le 🔲				
22 1	.1 . (1) (1) . 1					19 6 4 to	4-3	30 1969
			d the deceased fram 10	/ 10	9 9 01			A
that (I) (we	e) last saw the decea	sed alive a	n_7 ~ 0	19(O	nd that in(my) (aur) api	nian death accurred an the date
and have an	nd fram the causes s	tated abave.	(I) (We) (did) (did nat)	view the bo	dy after de	ath.		
23A. SIGNAT	URE (11			/			23B. DATE SIGNED
1	48.4	my	Dh.	ending D	Med. Director	Staff Phys.		4.30-64
23C. PHYSICI	ANS		OEGREE! ""	23D. ADDRE		rnys		1/0
NAME (Type)	S. Gimb	1			-m A==0m==0	Do 1	4 - W-
	Dr. Harry	O. GIHL	DEGREE	4000 1		on Avenue	Dal	LO., Ma.
24A. BURIAL CR REMOVAL	EMATION, 24B, DATE	24C	NAME of CEMETERY OF CR		2	4D. LOCATION	{Ci	ity, town, or county) (State)
Burial	5-3-19	169 N	ew Cathedral Ce	meter.		Daltimana	Mon	vland 21229
	D BY HEALTH DEPT.		E OF REGISTRAR	250. 5	NERAL DIRE	Baltimore	, Mar	y Latitu ZIZZ
	1 1969	1 63	4. 6 70 00	OI DAT	A - JOYT	Chibband	4107	Wilkens Ave. 21229
	THE STATE OF THE S	CYD	DO F STANDEN	HOL	ALC H.	Hupparu,	4101	Ave. 21229

VS 150-REV. 1/1/68

er cela 7. ~ 7. THE RESERVE THE PROPERTY OF TH r. Perr s. d. d. d.

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	69	4507		TE OF DEAT	1.0	69 43	507
BIRTH NO.			CERTIFICA		E AND HOUR OF DEAT	v	150
Type or Print)	Howard C.		CED DEAD	Ap	ril 28, 1969 (Where deceased lived. If	11	before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADORESS OR LOCA	ATION)	ON, GIVE STREET	Maryland	Baltin Catonsville IN	more C,	мо∏
40	St. Agnes	Hospita1		E. STREET AND NUMB	er dford Road	21228	
S. SEX	6. RACE	7. MARRIED &	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs
М	W	WIDOWED	DIVORCED	9-5-1894	lost birthdoy) 74	Months Doys	Hours Min.
MA. USUAL OCC	UPATION (Give kind of work	10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF	WHAT COUNTRY
one during most of	(working life, even if refired)	Balto.	Gas & Elec.	Maryland		U.	S. A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	INAME		
Wi11	iam Ogle			Isadore	Kingley		
5. Wos Decease	d Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT	icalio icy	ADDR	ESS
No	n) (If yes, give war or dote	es of service)	SECURITY NO.	Lillian A. (Ogle 1201 Bra		21228
(This does heart failure injury ar ca DISEASES rise to II UNDERLYIN TO THE DEADISEASE OR 19A. DATE OF CONTRIBUTION OF CONTRIBU	LEADING TO DEATH nat mean the made and , asthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) IG CONDITION last. II IFICANT CONDITIONS CO LITH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UITING CAUSE OF	dying, e.g., the disease, death.) any, giving stating the NTRIBUTING HE TERMINAL IN TO I (A). IDITION FOR WHEFORMED	(B) DUE TO, OR AS (C) IICH OPERATION LACE OF INJURY (e.g.,	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes n or obout 21C. WHERE D ffice bldg, INJURY OCCU	or No) 208, IF YES, WER IN CERTIFYING C	Occa +	
DEATH (notif	y medical exominer	etc.)	iom, rociory, ander o	mee stage, mask a coo			
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. II While Work	At Mot While At Work	e 🦳	D INJURY OCCUR?	, ,	
that (1) (we	y that (1) (this hospitol c) lost saw the deceose and from the couses stor URE	ed olive on	(We) (did) (did not) \	nding Med.	19 6to	pinion deoth occ	
23C. PHYSICI NAME (Type) Dr. Adnan I	M. Sonmez		23D. ADDRESS 1011 Freder:	ick Rd. , Bal	timore, M	d.
4A. BURIAL CR	EMATION. 24B. DATE	24C. NAA	AE of CEMETERY of CR	EMATORY 2	4D. LOCATION	City, town, or count	y) (Stote)
Buria1	5-2-69		don Park Ceme		Baltimore	Baltimor	e Md.
DA. DATE REC	AY 1 1969	258. NAME OF	En Tolling	Howard H.	Hubbard 4107		
S 150-REV. 1/1	/6B -	-	- 1		*		

Accel Commence to His THEA. H Mental dend to the format 10/20 10/20

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the body

ECTOR:	ECTOR: IMPORTANT	7
xaminer	xaminer or his assistant if death occurred in a hospital and	10
Kaminer.	caminer. Also, if the direct or contributing cause of death	0
A fractur	A fracture of any kind; (4) Undetermined cause; (5) Deceased	
who proi	nounced death was in regular attendance on the	6
regular	regular attendance on the deceased prior to death. Such	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED (Type or Print) MAGER, ANN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND GIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION FULL NAME OF HOSPITAL OR C. CITY OR TOWN ST. AGNES HOSPITAL E. STREET AND NUMBER 1222 made. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH FEMALE WHITE WIDOWED DIVORCED 02/03/14 2 disposition done during most of working life, even il retired) MARYLAND 13. FATHER'S NAME BENJAMIN EGGLESTON 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 212-34-9263 NONE ST. 18. CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) MMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B).
DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving 8 rise to the above cause (A) stating the 9 physician UNDERLYING CONDITION last remains the chief medical (C).. Was Body burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the WAS PERFORMED NO CE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where to the hospital Ŷ MEDICAL DEATH (notify medical examined any nature; obtained 21D.TIME OF INJURY |Doyl (Yeor) (Hout) 21E INJURY OCCURRED 9 proved (except Not While While At (APPROXI and At Work APRIL 22. I certify that (i) (this hospital) attended the deceased from 1969 that (i) (we) last saw the deceased alive on APRIL of hospital eath) deat and haur and from the couses stated above. (1) (We) (did) (did not) view the body after death. accident 23A. SIGNATURE Attending 10 Med. approval Director O 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) An

2. DATE AND HOUR OF DEATH APRIL 29, 1969 A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY BALTIMORE **COUNT Y** D. INSIDE CITY LIMITS? KAKAXIMARE Arbutus NO YES NORTH AVE. 21227 9. AGE (In years If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. lost birthdoy 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. 14. MOTHER'S MAIDEN NAME Hein MARGARET (NEE HANNES) EGGLESTON ADDRESS AGNES HOSPITAL RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimoro City, give exoct locotion) 21F. HOW DID INJURY OCCUR? and that in (my) (our) opinion death accurred on the date 23B, DATE SIGNED 04/29/69 BALTIMORE MARYLAND 21229 AGNES HOSP: CATON & WILKENS AVES. C. J. LANCEL

24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specify) ANCELOTTA DEGREE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 5-2-1969 Loudon Park Cemetery Baltimore. DEPT 25A. DATE REC'D BY HEALTH 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

AND STATE OF THE PARTY OF THE P

TO CEPTICIO	CITY HEALTH DEPARTMENT
BIRTH NO.	CATE OF DEATH REG. NO. 19 4505
1. NAME OF DECEASED	rowsk, 2. Date and Hour of Jeath 9 335 PM
PLACE IN ENTITIONE MARY AND WHERE PROPOUNCED DEAD FULL NAME OF (IP NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION BALTIMOTE City Hospitals 5-13-69	A. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY Maryland Baltimore
4940 Eastern Ave Baltimore, Maryland #21224	E. STREET AND NUMBER 4818 Eldon Green #21227
S. SEX 6. RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUS done during most of working life, even il retired) HOUSEWISE	Mississippi Mississippi Mississippi
13. FATHER'S NAME Frank SENSENET	14. MOTHER'S MAIDEN NAME Mable RYAN
15. Was Deceosed Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service) ARK 16. SOCIAL SECURITY NO.	BCH Records: 4940 Eastern Ave ADDRESS Baltimore, Maryland #21224
heart failure astheria etc. Il means the disease	CAUSE Cardiac Airest 3 days LAS A CONSEQUENCE OF:
injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR (C)	F + Hyper Kalmin 3 days hronic Renal Discose 8 month
injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
INDUSTRIES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e. doc, or contributing Cause of Death (notify medical examiner) 21B. PLACE OF INJURY (e. doc, or injury) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 19. (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 49. 19 ta 19 49. and that (n(my)) aur) apinion death accurred an the data
INDUSTRIES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. NO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this haspital) strended the deceased from and haur and from the causes stated above. (C) (Max (did) (did na 23A. SIGNATURE)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES .g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) t, office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While
INJURY ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (etc.) OF INJURY (Approx.) 21B. PLACE OF INJURY (etc.) While At Not North (Approx.) Work North North (Approx.) 22. I certify that (I) (this haspital) ittended the deceased fram. That (I) (we) last saw the deceased allve an and haur and fram the causes stated above. (Condition for the deceased fram.) That (I) (we) last saw the deceased allve an and haur and fram the causes stated above. (Condition for the deceased fram.) That (I) (we) last saw the deceased allve an and haur and fram the causes stated above. (Condition for the deceased fram.) That (I) (we) last saw the deceased allve an and haur and fram the causes stated above. (Condition for the deceased fram.) That (I) (we) last saw the deceased allve an and haur and fram the causes stated above. (Condition for the deceased fram.) That (I) (we) last saw the deceased allve an and haur and fram the causes stated above. (Condition for the deceased fram.) That (I) (we) last saw the deceased allve an and haur and fram the causes stated above. (Condition for the deceased fram.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES .g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? While 19 to 19 9 and that in (my) aur) apinian death accurred an the date of the date o

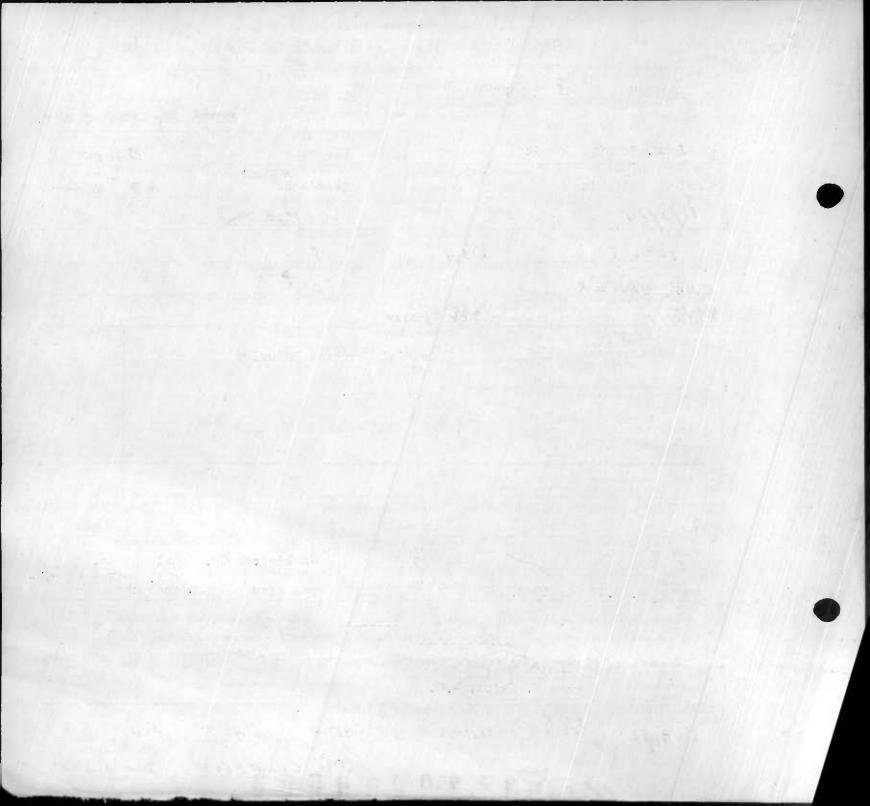
Del B.C. from Mississippi for Julia Ellen Senseny 5-13-69 M.H. M-624

69 4510 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

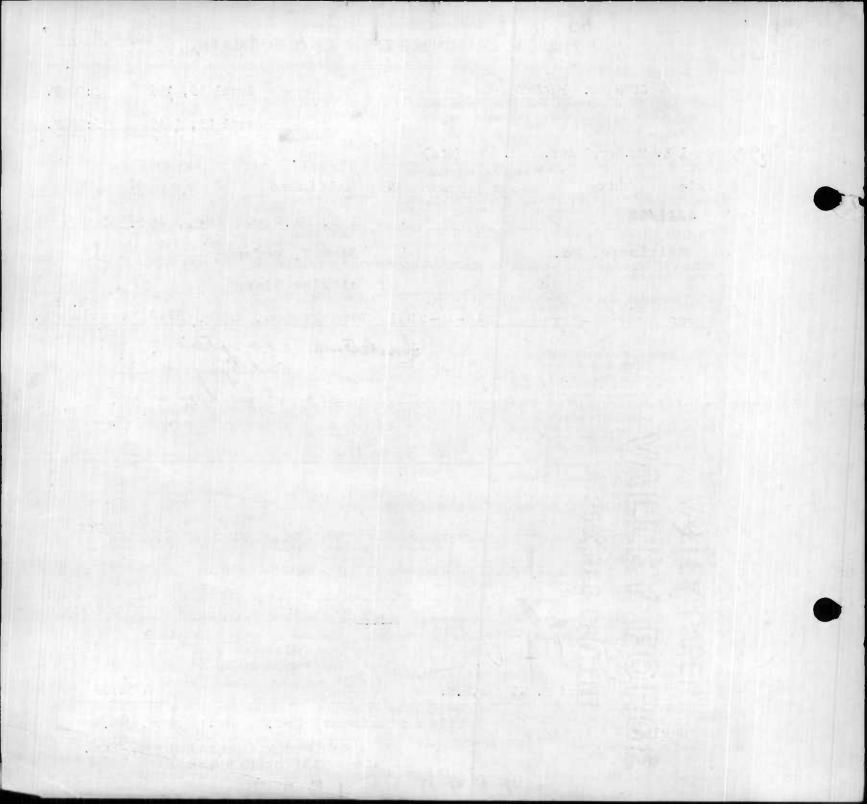
1	69	4510
FG. NO.	00	40.0

BIRTH NO.	LAAMIIALKS	SEKTII I	CAILOI	DLAII	REG. NO	()()	
1. NAME OF DECEASED		2. DATE	Known 🗆	Month	Doy	Yeor	Hour
JOSEPH S MA	RSHALL	OF	Estimoted X				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PE		DEATH_ 3. DATE	24	Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INS			JNCED DEAD	Apri		1969	2:30 P.
HOSPITAL ADDRESS OR LOCATION)		5 LICITAL DI	ESIDENCE (Where				
3 Johns Hopkins Hospital		A. STATE	ryland	B.	COUNTY	BAL	· · · · · · · · · · · · · · · · · · ·
6. SEX 7. RACE 8. MARK	HED NEVER MARRIED	C. CITY OR		15.1	D. INSIDE CITY	LIMITS?	
male white wipov		Ba	1timore		VEC		NO I
9. DATE OF BIRTH 10. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER		TES		NO LJ
11/2 (according to lost birthdoy)	Months Doys Hours Min.			Dand			
13/84 64	10 CITIZENI OF		304 Shore	Road			
11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	5 NAME				
166.	VSA		.5				
done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAI	ME			
CAB DRIVER			,				
16. WAS DECEASED EVER IN U.S. ARMED FORCE		18. INFORM	TNAN		ADI	DRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service)	266-83-0125	+					
19.	CAUSE OF DEA	TH					PROXIMATE INTERVAL
E8/2010						BETWI	TEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cmania	1 Cereb	ral Injur	ies			
(This does not meon the mode of dying, e.g.,	(A)IMMEDIATE	CAUSE AS A CONSEQ	UEVICE OF				
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OK	AS A CONSEQ	DENCE OF:				
migry of complication which coosed dealit.							
ANTECEDENT CAUSES	(8)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSE	QUENCE OF:				
II UNDERLYING CONDITION LAST.	(C)						
<u> </u>	(0/						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	TING						
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL						
20A. DATE OF OPERATION 20B. CONDITION		AS PERFORM	NED .			21. AUTO	PSY? (Yes or No)
0							Vos
22A. EXTERNAL CAUSE WAS	228. PLACE OF INJURY(e.g.,	in or about 2	2C WHERE DID	(If in Baltimara	City give exect	t location)	Yes
O LINIDERLYING TOOR CONTRIB	home, form, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?				6-04
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hou	street		Washing	ton St.	& Orlea	ans St	t.
OF INJURY	WHILE AT THE NOT	4	22F. HOW DID IN	JURY OCCU	"Subj.	drive	er of cab
(APPROX.) 4.28.69 2: 14 P.	m. WORK AT V	WHILE WORK	was str	uck by	another	car	
23.		ை					
I certify that I held an Inquiry		tapsy K	and that an t	his basis, d	eath in my o	plnion	
resulted fram: Natural causes	Accident X Suici				ed monner _	J	
i.a.	5).		CHIEF MEDICAL	EXAMINER [DATE SIGNED
ACTUAL WOULD	M.C.	ASSI	STANT MEDICAL	EXAMINER [X		
SIGNATURE Werner U. S	itz, M.D.		OCIATE MEDICAL	EXAMINER [4/29/69
NAME (Type)	Portez, IT.D.	7.000					
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, town,	or county) (Stote)
REMOVAL (Specify) 5/2/69	GARDEN O	F FAI	TI	BALTO). M	0.	
UVITITL	NAME OF REGISTRAR		FUNERAL DIRECT			DRESS	
MAY 1 1969 DE	beil E. Janly.	017					
9		J.	b, LON	WELLS	3	00 1	MACE
VS 151-REV. 1/1/68	8 A O C	9 4	5 11 .	4			



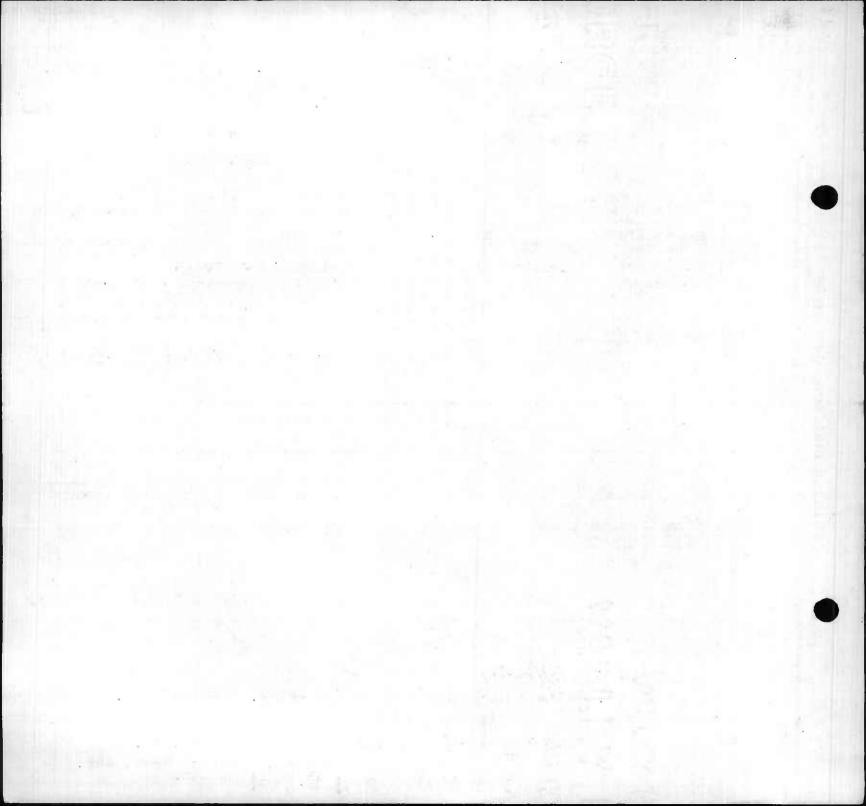
69 4511 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 4511

BIRTH NO.	REG. N	10
1. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
(Type or Print) JOHN T. McCANN	OF DEATH Estimoted April 25, 1	.969 5:00 P. M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD April 25, 19	60 E-00 B
HOSPITAL ADDRESS OR LOCATION)	April 25, 19 5. USUAL RESIDENCE (Where deceosed lived. If Institu	
1 E. Mt.Royal Ave. Apt.# 2 (DOA)	A. STATE B. COUNT	
	C. CITY OR TOWN D. INSID	E CITY LIMITS?
MARKIED INEVER MARKIED		
WIDOWED DIVORCED ES	Baltimore	YES NO
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER	
30 1	1 E. Mt.Royal Ave.,	Apt. #2
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Baltimore, Md.	John T. McCann	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
	Alexine Aiken	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT	ADDRESS Apt. A
yes WW 2 - Army 214-16-6191	Joan Dawson, dght. 52	11 Moravia Rd.
CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISTANCE OF CONTRICTION DIFFERING	determined after	BETWEEN ONSET AND DEAT
(This does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:	nac
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused deoth.)	toxulogie lefor	in the
	a party age.	
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:	, mary mails, que provenent destinais de la principal destinable destinais de planta de 18 48 48 48 48 48 48 48 48 48 48 48 48 48
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF.	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AC DED COLUED	ION ANTORGUS (Verses No.)
208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
22B. PLACE OF INJURY(e.g., home, form, foctory, street, offic	in or obout 22C. WHERE DID (If in Boltimore City, give bldg., etc.) INJURY OCCUR?	e exoct locotion)
UNDERLYING OR CONTRIB- home, form, foctory, street, office uting Cause of Death.		
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
MHILE AI NOI	WHILE VORK	
23.		
I certify that I held an Inquiry Inspection Au	topsy X and that on this basis, death in	my opinion
resulted from: Natural sources Ascident Suicia	de Homicide Undetermined mann	er 🔀
X 1 1 1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER	
ACTUAL TO THE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.C	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER	4/26/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City,	town, or county) (Stote)
REMOVAL (Specify) Baltimore N	National Cem. Baltimo	re, Md.
Burial 4/29/69 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Schriff Tuneral H	ome, Inc.
000 0.46 3.00	3331 Brehms Lane	
VS 151-REV. 1/1/68	0 4 8 0 9	

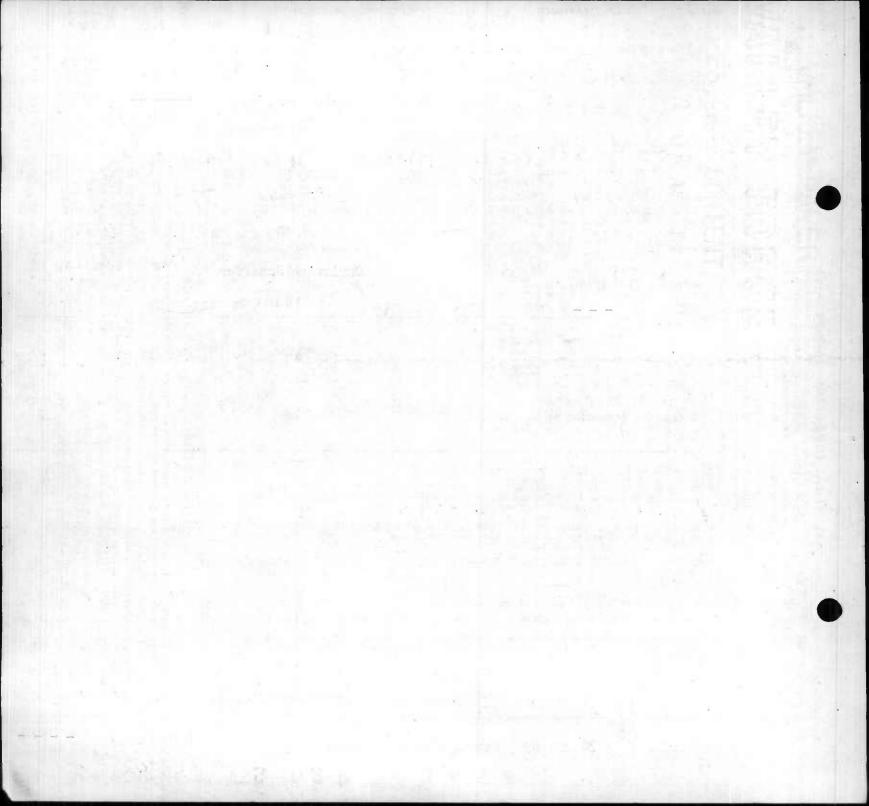


- 612	69 /512	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 69 451	2
and ased the Such	I.NAME OF DECEASED (Type or Print) ETHEL LINNEA FORBES	2. DATE AND HOUR OF DEATH	
of do of do of do of do on do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Apr. 27, 1969 1:15 a 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before och A. STATE B. COUNTY	• N dmission)
hos nuse h; (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md., 21213 C. CITY OR TOWN D. INSIDE CITY LIMITS?	13
in a constant and constant arternior to	4110 Coleman Avenue	Baltimore YESX NO	
butired lar lar pri	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	4110 Coleman Avenue B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , II Under	r 24 Hrs.
occu ontril ermin regu regu	female white widowed Divorced IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	1/16/10 lost birthdoy Months Doys Hours 1/16/10 Toy 12, CITIZEN OF WHAT C	Min,
or condete	done during most of working lile, even if relired) Housewife at home	New York	OUNIKI
if detect (4) U was the sposi	13. FATHER'S NAME Charles Anderson	14. MOTHER'S MAIDEN NAME Linnea Sodergren	
stant ind; ind; eath e on	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS	
so, if the of any known ced defendenced	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	James Forbes, husband, above TH APPROXIMATE IN BETWEEN ONSET AN USE CAMER IF VITAUS GM21-	
ner. Al acture prono	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	S A CONSEQUENCE OF:	·//
l exami (3) A fr an who in reguns	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the abave couse (A) stoting the UNDERLYING CONDITION last. (C)	S A CONSEQUENCE OF:	
f medical medical f burns; physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
chie y a Body the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
tal b b; (2) here No ph	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE D1D office bldg., INJURY OCCUR?	
d b)	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	

This certificate must be approve shows: (1) An accident of any na the body was released to the h at a hospital (excep and be obtai At Work 22. I certify that (I) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date to death) and haur and from the causes stated above ((1))We) ((did)) (did not) view the body after death. deceased prior to deat written approval must 23A. SIGN ATURE Med. Staff Phys. Attending [23C.PHYSICIANS
NAME (Type) Dr. Benjamin Highstein Phys. Director 23D. ADDRESS 121 S. Highland Ave. 24C. NAME of CEMETERY OF CREMATORY D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) Gardens of Faith 4/30/69 Baltimore, Md. 25A. DATE RECID BY HEALTH DEPT. M ds 258. NAME OF REGISTRAR Schimunek Funeral Home, 4 3331 Brehms Lane Inc. VS 150-REV. 1/1/6B



	69 4	1) 1.5	TEALTH DEPARTMENT	REG. NO.	39 4513
BIR	TH NO.		TE OF DEATH	KEO. 140	
	AME OF DECEASED ROSE M	RIA)		D HOUR OF DEATH	2 20 0
	VOSE IN	DE LOREN		127/69	titution: residence before admission)
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DROUNCED DEAD	A. STATE B. COUN	TY Q	15 19
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND	I INSIE	DECITY I MATECO
IN:	STITUTION		C. CITY OR TOWN	MORE D. INSID	VEST NO
10	Note allnow a.	11.0-	E. STREET AND NUMBER		
1	NORTH CHARLEX DENS	ERAL HOSPITA	4304	: PIMLIC	CO RD.
5. 9	6. RACE 7. MARR	IED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
L	T W WIDOV		2/7/90	79	
	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHOLA CE (Stole or forei	gn country) /	12, CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		MAR	YLAND	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME COL	= 1/alos al)
	BENJAMIN DEROS	A	Christine Scha	ffer (y KLOOMIO
1S. (Ye	Wos Deceosed Ever in U. S, Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	215-12-718	5 4105	PITAL	
	18. / 8.3 O I	CAUSE OF DEATI	I NEW YORK		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		COPRINIANA	WITH MET	TARTIES ILMANTH
	(This does not meon the mode of dying,	e.g., (A) IMMEDIATE CAU	SE CARCINOMA A CONSEQUENCE OF:	WITH MET	13170 1310 mil
	heort foilure, osthenio, etc. It means the dise injury or complication which coused death.)	ose, TO PET	A CONSEQUENCE OF: 2 (TONEAL CA	vity.	
	ANTECEDENT CAUSES	10 CARC	INDMA OF OL	IARV	4 YEARS.
	DISEASES OR CONDITIONS, if ony, gi	•	A CONSEQUENCE OF:	7.1.7	
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	lhe (C)			
	11	(4),			
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
CATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN	***************************************	20A. AUTOPSY? (Yes or No	OOD IF YES MEDE E	MANAGE CONTINUED
ERTIFIC	PA. DATE OF OPERATION 198. CONDITION F	PERITONITIS.	ALAUTOPST PIES OF NO	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
×	(A PPROX.)	While At Work Not While At Work	e 🗍		9.3
	22. I certify that (I) (this hospital) attend		1	19 to	
	that (I) (we) lost sow the deceosed olive				ion death occurred on the date
	ond hour and from the couses stated above				
	23A. SIGNATURE				238. DATE SIGNED
	Manuaria	Vernor of he Atto	nding Med.	Staff Phys.	April 27, 1969
	23C.PHYSICIAN'S	PEGREE	23D. ADDRESS A		11
	NAME (Type) THAM NOON	PENROACH, M.	0-/ North a	HARCET GE	IN. HOSPITAL
24/	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	MAJDRY 24D. L		y, town, or county) (Stote)
	Burial 30 APR 69	New Cathedral Co	emet.erv	BALTIMO	RE, HD. 2+248
25/		ME OF REGISTRAR	26C. FUNERAL DIRECTOR		ADDRESS
	100	16 9. 10 Min	1 A/8/0/3	sky Ideils	hts Ave
-	The second secon				



B-652

69 4514 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

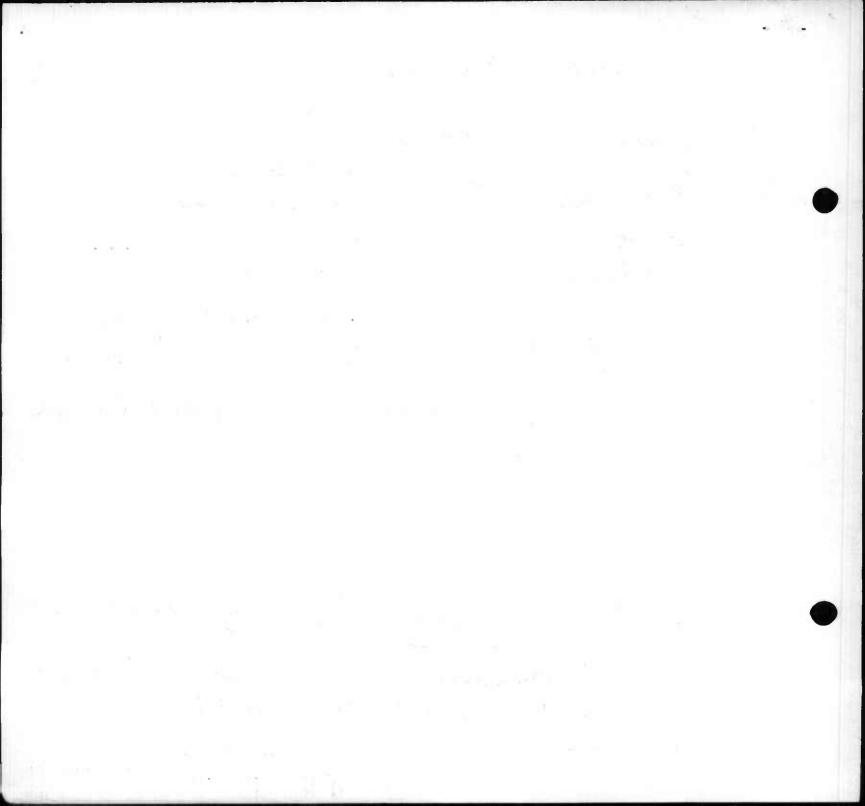
69 4514

BIR	TH NO.									REG. NO),	
	NAME OF DEC	EASED		1/		2. DA		Known XX	Month	Doy	Yeor	Hour
(тур	e or Print)	C	ARLAN	D BR	ANCH	DEA		Estimoted	/.	20	60	12:20 %
4. F	LACE IN BAL				ONOUNCED DEAD	3. DA1			Month	Doy	69 Yeor	Hour
HO:	L NAME OF SPITAL INSTITUTION	(IF NOT	T IN HOSPIT. SS OR LOCA	AC OR INST	TITUTION, GIVE STREET			NCED DEAD SIDENCE (When	Apri			9 12 · 20pm.
1	00 1	363 N.	Carev	St.		A. STA	TE		e deceosed	B. COUNTY	Jii. resigence (15-01
6. 5	EX	7. RACE		8. MARR	IED A NEVER MARRIED	C. CITY	YOR	Maryland TOWN		D. INSIDE	CITY LIMITS?	
0 5	Male ATE OF BIRTH	Colore	d 10. AGE (I		ED DIVORCED		Balt	ND NUMBER		,	YES 🔁	NO 🗆
y. L	7-18-	1923	last birthdo		Months Doys Hours	Min.			Camari	C+		
11.	BIRTHPLACE (S	tate or foreig	n country)	1.	12. CITIZEN OF	13. FA1	THER'S	1363 N. NAME	Larey	-SL+		
ل		MATO			WHAT COUNTRY?	1	A	LLVVS	130	ANCH		
done	during most of	PATION (Give	ekind of work en if retired)	M&	OF BUSINESS OF INDU	STRY 15. MG	THER	TIE L	gran			
	WAS DECEASE	(If yes, give w				18. INI	FORM	ant ous B	NAN	W /	ADDRESS WILL A.	Po.
	19.	10			CAUSE OF		_					PROXIMATE INTERVAL
- 1	0 /1	.0									BETW	EEN ONSET AND DEATH
		E OR CONDI		CTLY			E	Fatty liv	er			
		ot meon the		vina e a	(A) IMMEDIA		10501	IENICE OF				
	heart failure,	osthenio, etc.	It meons the	e diseose,	DUE 10,	OR AS A CO	NSEQU	JENCE OF:				
	injury or com	plication whic	n cousea ae	om.)								
	AN	NTECEDENT	CAUSES		(B)							
		OR CONDITIO			DUE TO,	OR AS A CO	NSEQ	UENCE OF:				
_		ABOVE CAL		IING INE	(c)							
Ó					10/			·				derinande som dermite die solvenderder ble-Breite die tek som om som der dermite som dermite i
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	ING INAL	208 208 44 40 22 42 42	D do (10 E) sax sax der der			*********	manananan ay ay aykay ay ah daga ka an ay ah daga ay	p.p.a.p.===============================
RTI					FOR WHICH OPERATION	WAS PERF	ORMI	ED			21. AUTO	PSY? (Yes or No)
핑)											
7	22A. FXTERI	NAL CAUSE	MAIAC		220 DIACE OF INITION		20	C WHERE DID	(16 to Dolaton	C:t:		YES
EDICA	UNDERLYING UTING CA		TRIB-		22B. PLACE OF INJURY (home, form, foctory, street,				(It in Boltim	ore City, give e	xoct tocation)	
Σ	22D. TIME ((Month) (D	oy) (Yeo	r) (Hou) 22E. INJURY OCCUR	RED	22	F. HOW DID IN	IJURY OCC	CUR?		
	(APPROX.)				m. WHILE AT	NOT WHILE L	7					
	23.				III WORK	At 1101111 E				-		
	l certi	ify that I he	eld on 1	nquiry [Inspection .	Autopsy	XX	ond that on	this basis	, deoth in my	y opinion	
	result	ed from: N	oturol cau	ses XX	Accidenty Su	icide 🗌	Ho	micide	Undeterm	ined monner		
		1		0-1	11/4		C	HIEF MEDICAL				
	ACTUAL	2	Xin	Xit	-1/4/			TANT MEDICAL		_		DATE SIGNED
	SIGNATU			1	V - [C	INI.D.						
	EXAMINI NAME (T					*	ASSO	CIATE MEDICAL	EXAMINER		1.120	160
244	BURIAL CREA		Edward 4B. DATE	F. W	124C. NAME of CEMET	ERY or CRE/	MATO	RY 24D	LOCATIO	N (City, to)	4/30	
	YOVAL (Specif			-69	m+1	4)	n	n.	Bn	Urv	mi)
254	DATE-REC'D	BY HEALTH I	DEPT.	25B. N	AME OF REGISTRAR	M.D.Z	25C. F	NO SON	P 14	ym 13	ADDRESS	g, mmm :
							9	-	/	6		

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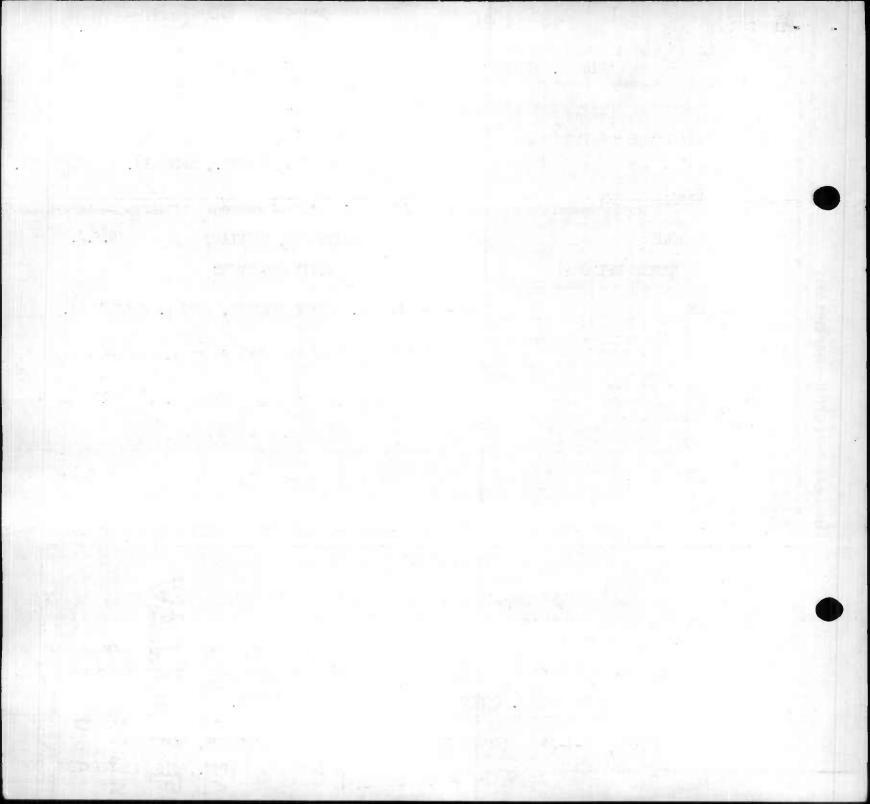
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	HEALTH DEPARTMENT	REG. NO.	69 4515 .
- 11	I. NAME OF DECEASED		OUR OF DEATH	75
	LUUIS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A	PRIL 2	-91969 6AM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where de	eceased lived. If instit	ution: residence befare admission)
	FULL NAME OF HOSMITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARY LAND	Balla	Co 53-00
	SINAI HOSP OF GALTO	BALTIMORE		CITY LIMITS?
	42)	E. STREET AND NUMBER		
	S. SEX A 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH / 19. A		
	ALE HITEWIDOWED DIVORCED		birthdoy 66	Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote of loreign c		12. CITIZEN OF WHAT COUNTRY?
	REAL ESTATE OWNER	RUSSIA		U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	JACOB ZUKERBERG	RACHEL ?		
	5. Wes Decoased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO CAUSE OF DEATH	MRS. DORA ORDMAN,	2406 SYLVA	
	18-4 / 2. 3 CAUSE OF DEATH	CARDIAC ARRH	YTUMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	SE CA-V DISSOCK		1-5 hours
H	heall failure, asthenia, etc. Il means the disease.	CONSEQUENCE OF:		
	injury at camplication which caused death.) ANTECEDENT CAUSES COROR	HRY INSUFF		1 CHRONIC
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	- relency	CHRONIC
	rise to the abave cause (A) stoting the UNDERLYING CONDITION last. (C)			
	TI TI			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	STUISEASE OR CONDITION GIVEN IN PART 1 (A)	[20 A. AUTOPSY? (Yes or No)] 201	B. IF YES. WERE FINE	DINGS CONSIDERED
	194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	IN	& IF YES, WERE FINE CERTIFYING CAUSE	S OF DEATH?
-11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in lame, lorm, foctory, street, alf	or obout 21 C. WHERE DID	(II In Boltimore CI	ty, give exoct location)
-114				
	While At Not While	21F. HOW DID INJURY	OCCUR?	
	22. I certify that (this hospital) ottended the deceased from		10	1-0-18
	that W (we) last saw the deceased alive an 429	7 75 19 6	7	29 1967
	and hour and from the couses stated above. (We) (did) (did not) vi	ew the body after death.	(dur) opinior	deoth occurred on the date
	23A. SIGNATURE		231	B. DATE SIGNED
	Stuart th Spelingenpegree Phys.	ding Med. Staff Director Phys.		4/29/69
	23C. PHYSICIAN'S NAME (Typo)	D. ADDRESS	100 I	
2	AA. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CREATERY OF CREATER	SITUAL H	00 L	
	REMOVAL (Specify)			own, or county) (Stole)
2	BURIAL 4-30-69 KNESSETH ISRAEL AN 54. DATE REC'DURY HEALTH DEPT. 1258. NAME OF REGISTRAR			
	MAY 2 1969 Violet, E. Jankey	1. BOL LEVINSON & E	BROS.,6010	REISTERSTOWN ROAD
* V	5 150-REV, 1/1/68			

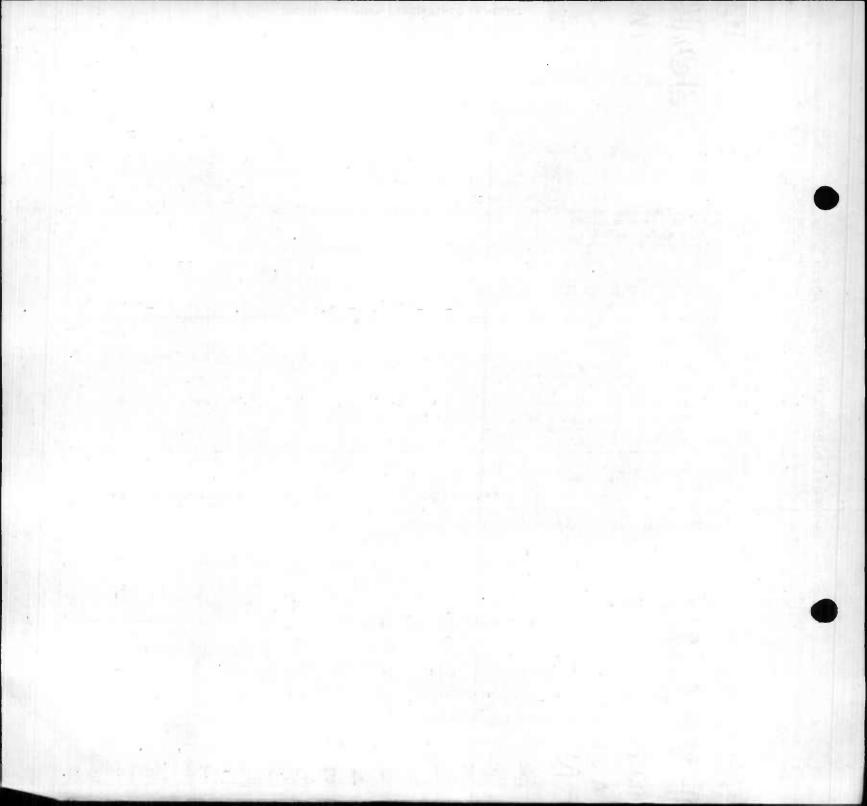


VS 150-REV. 1/1/68

69 4516	BALTIMORE CITY	HEALTH DEPARTMENT		09 4516
	CERTIFICA	TE OF DEATH	REG. NO.	
BIRTH NO.		2. DATE A	AND HOUR OF DEATH	
(Type or Print) HELEN B. HEINEMAN			29, 1969	1 9 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If instit	tution: residence before odmission)
		A. STATE B. COU	NIY	14-01
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MARY LAND	In INISIDE	CITY LIMITS?
INSTITUTION				res \ \ \ NO \
BELVEDERE NURSING HOME		BALTIMORE E. STREET AND NUMBER		E3
90		MARLBOROUGH	APTS. EUTAW	PL. & WILSON STS.
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. , If Under 24 His. Aanths: Days Haurs Min.
FEMALE WHITE WIDOWED	DIVORCED	NOV. 29. 1877	91	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	SINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of warking lile, even if retired)		0115511205	1101111110	11 0 1
NONE NO	NE	BALTIMORE M	AKYLAND	U.S.A.
MARCUS HEINEMAN		BETTY SON	NEBUKN	
15. Was Deceased Ever in U. S. Armed Forces? 16 (Yes, no or unknown) (If yes, give was as dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO 2	20-44-1218	MR. MONROE SCH	LOSS. 4000 N.	CHARLES ST.
1B. // // //	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Mart.	That is	1	DETWEEN ONSET AND SEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	Mytocarbil in	Lockion -	H dasp
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	Δ	4	0.	
ANTECEDENT CAUSES	Comple	et Heart Black	« acpiae	2mp.
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the		+ Pulmaar	er Carperle	
UNDERLYING CONDITION last.	(C)		1	
Z II	0 .4	V		
O THE DEATH BUT NOT RELATED TO THE TERMINAL	·aike	en-pelens x	Hy Reveran	- Hoors 1
DISEASE OR CONDITION GIVEN IN PART I (A).	CH OPERATION	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WERE FIN	IDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimore (City, give exoct lacotion)
OR CONTRIBUTING CAUSE OF home, etc.)	form, foctory, street, of	fice bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN	JURY OCCURRED	21F, HOW DID IN	NILLRY OCCUR?	
S OF INJURY				
(APPROX.) Work	At Work			
22. I certify that (I) (this hospital) attended the		ef-	1968 to apr	ul 29 1969
that (I) (we) lost sow the deceased alive on	april 2	9 19 69 ond	that in (my) (our) opinion	on death occurred an the date
and hour and from the couses stated above. (1) (1				
23A. SIGNATURE				3B, DATE SIGNED
Bernauf Caken m.	Atte	nding Med.	Shaff	4-30-69
23C. PHYSICIAN'S	GEGKEE	s. Director L	Phys.	1200-01
NAME (Type) BERNARD J. COHE		MARY LANDER A	PTS	
	DEGREE			
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY of CRI	EMATORY 24D.	LOCATION (City,	town, ar county) (Stote)
	N PARK CREMA	ATORY BA	LTIMORE. MARY	LAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTO	OR	ADDRESS
MAY 2 1969 (1) 10 626	O Brown M.	DISOL LEVINSON	4 & BROS., 6010	REISTERSTOWN ROAL
		174 3 5 4		



436		HEALTH DEPARTMENT		10 /22/
69	4517. CERTIFICA	TE OF DEATH	REG. NO	68 - 6526
1. NAME OF DECEASED			D HOUR OF DEATH	45
(Type or Print) ALAHE	RTY. BESSIE	4	-30-69	12 P M
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE , B. COUN	e deceased lived. If in TY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	md	-	15-11
HOSPITAL OR ADDRESS OR LOCA	(IION)	BALTIMOR		DE CITY LIMITS?
6 LUTHERAN HOSI	DITAL OF Md	E. STREET AND NUMBER		YES NO
Lattie Kar Hon	,,,,,	ASHBURTO	N NURSING	G HOME
5. SEX 6. RACE	7- MARRIED NEVER MARRIED		ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
HW	WIDOWED DIVORCED	3-4-88	81 XXX	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Md.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Edwin A. Maff		Mary E. So	chimmell	
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or dote	ces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	218-52-1394	J1-Mr.Elwood I	E.Flahert	y-3840 Elm Ave.
18. 427.01	CAUSE OF DEAT	Н	M.A.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIE		paushla	nnous or	1 1 Day day
(This does not mean the mode of	dying, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	Meumoni	a a sec day
heart failure, asthenio, etc. 11 meons injury or complication which caused	me diseose,			
ANTECEDENT CAUSES	(a) Ch	rome Congest.	we heart o	ailue
DISEASES OR CONDITIONS, if	only, giving	A CONSEQUENCE OF:		
rise to the obave couse (A) UNDERLYING CONDITION lost.	(C)			
_				
OTHER SIGNIFICANT CONDITIONS CO				
S DISEASE OR CONDITION GIVEN IN PAR		20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE	FINDINGS CONSIDERED
WAS PERI	FORMED		IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)
DEATH (notify medical examiner)	etc.)	mee stage, mysekt occok.		
OF INJURY (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not While Not Work At Work			
22. 1 certify that (1) (this haspital) attended the deceased from	4-29-69	9ta	4-30 1969
that (I) (we) last saw the decease	ed alive an 4-30. 12 p	M 19 69 and the	ıt In(my) (aur) api	nian death accurred on the date
	ted abave. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	1		1/	23B. DATE SIGNED
sy rin	h Mn DEGREE Phy		Shaff Phys.	4-35-69
23C. PHYSICIAN'S NAME (Type) 50UNG	T YOON MUH	23D. ADDRESS	HERAN H	HOSPITAL OF M
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	MATORY 24D. LC	CATION (C	ity, town, or county) (State)
Burial 5/2/6	9 Baltimore Cem	etery Ra	Itimore N	Md.
25A. DATE REC D BY HEALTH DERT	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	02.101010	ADDRESS
2 1303 1	(7.00 A.E. Janous	Am Bongvar	n - 3818 I	Roland Ave.
VS 150-REV. 1/1/6B	V-9/-			



1	C-400 69 4518 BALTIMORE CITY HEALTH DEPARTMENT V REG NO. 69 4518
and eath ased the Such	BIRTH NO. CERTIFICATE OF DEATH
- 0 5 N	(Type of Print) LILLY, FLOYD M. 2. DATE AND HOUR OF DEATH APRIL 28, 1969 11:05A M.
hospital se of d (5) Dece ance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF LIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALTO COUNTY
a ca	INSTITUTION C. CITY OR TOWN BALT I MORE YES NO [X]
O	ST. AGNES HOSPITAL E. STREET AND NUMBER 1313 KENT AVE. 21207
- 30 B B	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye., If Under 24 His.
contrib contrib etermin n regula sceased	WILL WIDOWED DIVORCED 10/02/95 /3
	loane during mar of working life, even if refired)
2 - 3 2 0 8	WEST VIRGINIA U.S.A.
	ROBERT LILLY POLA (NEE MORRIS) LILLY
0 0 0	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS SECURITY NO.
22	NONE 220-03-1249 ST. AGNES HOSPITAL RECORDS 18. CAUSE OF DEATH 1 APPROXIMATE INTERVAL
den 6,0	DISEASE OR CONDITION DIRECTLY 2 NA 2 NA
Alsonon although	(This does not mean the mode of dring town (A) IMMEDIATE CAUSE DEGREE DURS (60%) 236 HRS
	heart failure, asthenio, etc. Il means the disease injury or camplication which caused deals.
E C C C C C C C C C C C C C C C C C C C	DISEASES OR CONDITIONS, if biny, giving DUE TO, OR AS A CONSEQUENCE OF:
9 (S) E'E 8	tise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
fical fical fres; sicia was main	
medical medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A)
	UNITED TO SERVICE OF CONDITION GIVEN IN PART I (A). 199. CONDITION FOR WHICH OPERATION (Yes or No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 200. AUTOPSY? (Yes or No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by a (2) Body refer the physici fore the	21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF COLORY, sleet, office bidg., INJURY OCCUR? (If In Bollimore City, give exact location)
No Pe	Contraction (notify medical examiner)
4 2 2 9	1210-TIME (Month) (Doy) (Year) (Hourd 121E INJURY OCCURRED 121E HOW DID INJURY OCCUR
the ho any nat and ((Mork Al Work Shoung
f an)	22. I certify that (1) (this hospital) attended the deceased from APRIL 26 1969 to APRIL 28 1969 that (1) (we) last saw the deceased alive an APRIL 28 1969 and that in (my) (aur) apinion death accurred on the date
dent of cospital death) must be	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
leased cident hospit o deat	23A SIGNATURE 23B, DATE SIGNED Attending Med. Shaff M
	23C. PHYSICIAN'S NAME (Type) Attending Med. Stoff Phys. 4/23/69 23D. ADDRESS BALTIMORE, MARYLAND 21229
was r A. at a prior	F. DETORIE M.D. ST. AGNES HOSPITAL : CATON & WILKENS AVES
E 70000	REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
the body shows: () was D.O decease written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
=== × × × × × ×	MAY 2 1969 R. D. t. E. Sarber M. Phigin bothom Black Ellicott City, Md.

TOTAL STATE OF THE · LILL TO Estate VIDE CHANNESS NEW PRESENTED AND THE PROPERTY OF THE PARTY OF man is a trackly than the parties of the 3.0

was hair d'

.g. = 110 ft 5 . 5

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

69	4519	BALT
00	AUTO	CER

150-11	\sim 69	1 4.11.	Y HEALTH DEPA		
BIRTH NO.		CERTIFICA	ATE OF D		00 4010
(Type or Print)		RENCE EMERY		4 28 69	12NOON
3. PLACE IN BAL	IMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL REST	DENCE (Where decoesed lived	. Il institution: residence belore admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	MARYL.	AND HOWARD	03-00
	ST AGNES	HOSPITAL	ELLIC		YES NO A
40	or mane o	, HOST TIAL	E. STREET AND		
			10001	CARRIGAN DRI	VE
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIR	9. AGE (In yours lost birthdoy)	Il Under 1 Yr. Il Under 24 Hr Months: Doys Hours Min.
MALE	WHITE	WIDOWED DIVORCED	6 8 96	72	
done during most of v	PATION (Give kind of work vorking lile, even if refired) BARBER	SEKE-EMPLOYED	W VA	(State or foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAM			14. MOTHER'S	MAIDEN NAME	
WILLIA	AM HARDY		SARAH	DILLOW	
5. Wos Docoosed	Ever in U. S. Armed Ford	ces? 16. SOCIAL s of sorvice! SECURITY NO.	17. INFORMANT		ADDRESS
Ž	,, 3	7 SECURIT NO.	HOSP	REGAR	
18.	0 0 1	CAUSE OF DEA	1/	REGODD.	APPROXIMATE INTERVAL
OTHER SIGNIFI	above cause (A) CONDITION last. II CANT CONDITIONS COT I BUT NOT RELATED TO THE DNDITION GIVEN IN PART	(C)			
	OPERATION 198 CONI	DITION FOR WHICH OPERATION	20A. AUTOPS	17 (Yes of No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTE	T WAS UNDERLYING THO CAUSE OF medicol exominer	21B PLACE OF INJURY (e.g., home, form, foctory, street, c etc.)	n or obout 21 C. Wi	HERE DID (II In Bol OCCUR?	limore City, give exoct location)
	(Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED		W DID INJURY OCCUR?	
(APPROX.)		While At Not Whi Work At Work	e 🔲		
	. W	ottended the deceased from	4 26	169_to_	4 28 19 69
22. I certify	that (I) (this haspital,		60		
thatX(i) (we)	last saw the decease		1969	and that in (m ²)_(our)	apinion death occurred an the do
thatX(i) (we)	last saw the decease from the causes state	d alive an 428 ed abave, (1) (We) (did) (Alix Mox)		and that in (m <u>) (our)</u> fter death.	apinion death occurred on the do
and haur and	from the causes state	Karai (Pipi (A) (A) Copa po	riew the body of	fter death.	apinion death occurred an the do
thatX(1) (we) and haur and 23A. SIGNATUS	fram the causes state Lead. Lan	ed abave, (1) (We) (did) (Nix Wox) Att LC LOTTE M. Degine Phy	riew the body of	fter death.	
and haur and	from the causes state Lan TS	ed abave. (1) (We) (did) (Aix Wox) A ECLOTIC M. Deckee Phy LOTTA MD	riew the body of ording Mes. Modern	rd. Shoff ASST AGNES HOSP	23R DATE SIGNED Y/28/69 ITAL WILKENS &
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VS 150-REV. 1/1/68

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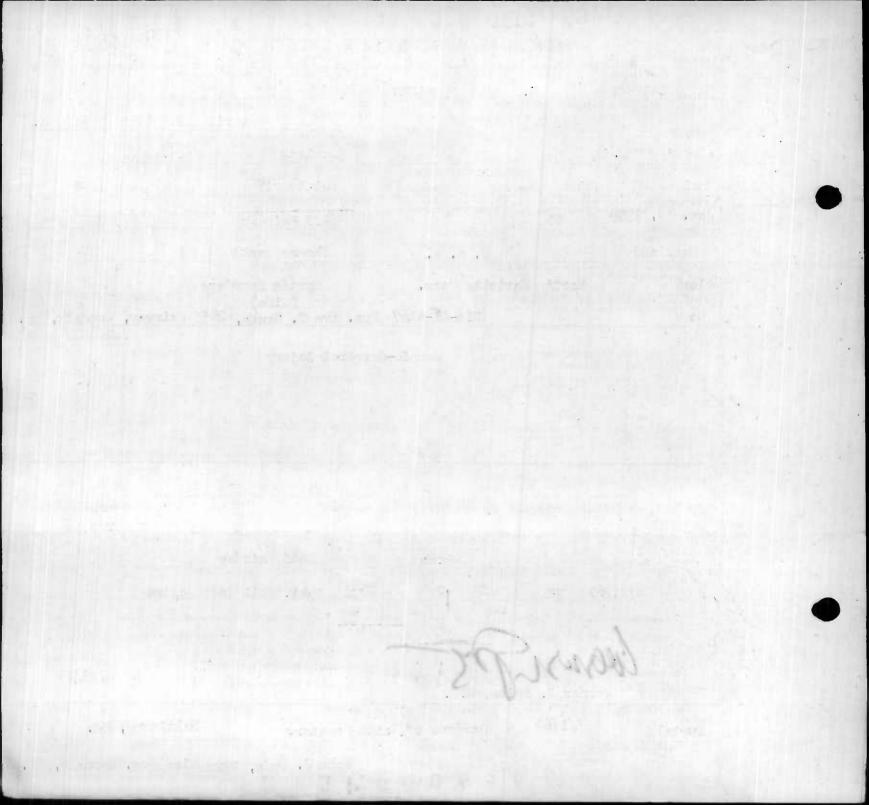
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PEMALE WHITE WIDOWED DIVORCED O4 29 69 Ost Bathdop O4 29 69 O4 29 60 O4 20 60 O4		40		E. STREET AND NUMBER 1138 CIRCLE DRIVE	
AMMEDIATE CAUSE OF DEATH AMERICAN AMERICAN AMERICAN		FEMALE WHITE	WIDOWED DIVORCED	04 29 69 lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min
13. FATHER'S NAME SAMUEL BRANUM 15. Was Deceased Ever in U. S. Amad Forces? 16. SOCIAL 17. INFORMANT	IOA.	USUAL OCCUPATION (Give kind of wor during most of working lile, even if retired) NEWBORN			12. CITIZEN OF WHAT COUNTRY
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode al dying, e.g., heart failure, estimain, est., in means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION STOREN WAS PERPORMED OF OF OPERATION 178. CONDITION FOR WHICH OPERATION 178. CONDITION FOR WHICH OPERATION 178. CONDITION GIVEN IN PART 1.A. OF A CONTRIBUTING CAUSE OF DEATH 178. CONDITION FOR WHICH OPERATION 178. CONDITION FOR WHICH OPERATION 178. CONDITION FOR WHICH OPERATION 178. CONDITION GIVEN IN PART 1.A. OF A CONTRIBUTING CAUSE OF DEATH 178. CONDITION FOR WHICH OPERATION 178. CONDITION GIVEN IN PART 1.A. OF A STANDARD WAS PERPORMED OF A STANDARD WAS PER	3. [
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OR CONTRIBUTING CAUSE OF DEATH (natify medical examined) DEATH (natify medical examined) Death (manth) (Day) (Year) (Haus) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		ANTECEDENT CAUSES	(2)		
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23A. SIGNATURE Attending Med. Director Phys. Attending Med. Director Phys. 23B. DATE SIGNED April 29, 196 Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) MARSTON A YOUNG, M.D. GEGREE ST. AGNES HOSPITAL-CATON & WILKENS AVE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) 25D. ATT. Phys. 27D. ATT. Phys. 27D. ATT. Phys. 27D. LOCATION (City, lown, or county) 27D. ATT. Phys. 27D. A	MEDICAL CERTIFICATION	rise to the abave cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COTO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR- 19A. DATE OF OPERATION 19B. CON- WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (X) (this hospital	(C)	in or about 21 C. WHERE DID affice bidg., INJURY OCCUR?	imare City, give exoct lacation)
MARSTON A YOUNG, M.D. GEGREE ST. AGNES HOSPITAL-CATON & WILKENS AVE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lawn, or county) (State) 124A. DATE OF TO A VICAL PROPERTY OF CREMATORY (CITY) 124D. LOCATION (CITY, lawn, or county) (State) 124A. DATE OF TO A VICAL PROPERTY OF CREMATORY (CITY, lawn, or county) (State)	MEDICAL CERTIFICATION	rise to the abave couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COTO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (X) (this hospital that (X) (we) last saw the decease	CC)	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	imare City, give exoct lacation) + 29 19 69
Bunial 4-30-69 Good Shappend Ellicottein md	MEDICAL CERTIFICATION	TISE to the abave cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR- 19A. DATE OF OPERATION 19B. CON- WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (X) (this hospital that (X) (we) last saw the decease and haur and from the causes star 23A. SIGNATURE	ONTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, farm, factory, street, cetc.) (House 21E. INJURY OCCURRED While At Not White At Work Work At Work at ded abave. (1) (We) (did) (did not) At Work A	20A. AUTOPSY? (Yes or No.) in or about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile 29 169 to 2 19 and that in (my) (our) when the bady after death.	timare City, give exoct lacation) 4 29 19 69 apinion death accurred an the date
OSA DATE DECID BY USALTH DERY JOER MANAGE OF DECISION	MEDICAL CERTIFICATION	TISE to the abave couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19.A. DATE OF OPERATION 19.R. CON WAS PER 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21.D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (X) (this hospital that (X) (we) last saw the decease and haur and from the causes sta 23.A. SIGNATURE 23.C. PHYSICIAN'S NAME (Type) MARSTON A Y	OUNG, M.D. OCC)	20A. AUTOPSY7 (Yes or No.) 20B. IF YES, WE IN CERTIFYING in or about 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	apinian death accurred an the date 23 B. DATE SIGNED April 29,196 SALTIMORE, MD. 212
	MEDICAL CERTIFICATION	TISE to the abave couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COTO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19R. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (X) (this hospital that (X) (we) last saw the decease and have and fram the causes star 23A. SIGNATURE WARSTON A Y BURIAL CREMATION, 124B. DATE	CC)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING in or about 21C. WHERE DID (If In Bolti office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	apinian death accurred an the date 238. DATE SIGNED Ami/ 29 /96 SALTIMORE, MD. 212 ON & WILKENS AVES (City. lawn, ar county) (State)

B-520

69 4521 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 4521

BIRTH NO.	REG. N	0
1. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
(Type or Print) CLARENCE E. BANKS	OF DEATH Estimoted	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD April 28,	1969 9:00 A _M
HOSPITAL ADDRESS OR LOCATION) ORINSTITUTION	5 IISTIAL PESIDENCE (Where deceased lived If institut	101.
City Hospital	A. STATE B. COUNTY Balt	. //
	C. CITY OR TOWN	CITY LIMITS?
MARKIED LA INEVER MARKIED	_ Dundalk	
male white WIDOWED DIVORCED	Baltimore	YES NO
The state of the s	E. STREET AND NUMBER	
Jan. 19, 1904 65	2455 Fairway	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland What country?	Thomas Banks	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired \\ Clerk Martin Marietta Corp.	Myrtle Saunders	
		ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) NO 17. SOCIAL SECURITY NO 215-01-4267	("116)	
	Mrs. Eva G. Banks, 2455 Fai	rway, Dundalk, Md
19. CAUSE OF DE	ATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Cranio	-Cerebral Injury	
LEADING TO DEATH	3 .	
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (g)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OI	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z CONDENTING CONDITION LAST. (C)		
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VICENIA CONDITION OF C		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION V	VAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
	, in or obout 22C. WHERE DID (if in Boltimore City, give	exoct locotion)
UNDERLYING CAUSE OF DEATH. home, form, foctory, street, off home	ice bldg., etc.) INJURY OCCUR? \ 2455 Fairway	53-00
22D TIME (Month) (Day) (Year) (Hours) 22E INITIES OCCURRED	22E. HOW DID INTURY OCCUR?	
OF INJURY (APPROX.) 4/27/69 TINK WHILE AT NO.	Subj. fell down stai	
(APPROX.) 4/27/69 UNK m. WORK AT AT	work X Subj. fell down stai	rs
	utopsy X and that on this basis, death in m	ny aninian
resulted from: Natural couses Acaident Suic		· · ·
ACTUAL / ILPA MA / TOTAL	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MALE	D. ASSISTANT MEDICAL EXAMINER XX	
FYA MINIEP'S	ASSOCIATE MEDICAL EXAMINER	4/28/69
NAME (Type) Werner U. Spitz, M.D.		
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER		own, or county) (State)
REMOVAL (Specify) 5/1/69 Gardens of F	aith Cemetery Balti	imore, Md.
25A. DATE REC/D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
23A. DATE REGISTRAN		
Universe a description,	John J. Duda, 7922 Wise	Ave. Dundalk, Md
VS 151-REV. 1/1/68	0 4 3 3	



69 4522 BALTIMORE CITY HEALTH DEPARTMENT

69 4522

RID	TH NO.	CAL EXAMINER 5	CERTIFICATE OF DEATH REG. NO	
	NAME OF DECEASED		2. DATE Known Month Doy	Yeor Hour
	WALTER	KELLY	OF SHALE	
4.	PLACE IN BALTIMORE, MARYLAND, V		DEATH Estimated AJ 3. DATE Manth Day	Yeor Hour
FUL	L NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD April 28,	1969 8:00 A.
HO	SPITAL ADDRESS OR LOCA	ATION)	5. USUAL RESIDENCE (Where deceosed lived. If institution	M.
			A. STATE B. COUNTY	: residence before admission)
1	508 S. Hanover Str		A. STATE B. COUNTY Maryland	22-01
]]	SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
1	male white	WIDOWED DIVORCED	Baltimore YE	s X NO
9. [DATE OF BIRTH 10.AGE (I lost birthdo		E. STREET AND NUMBER	
	3/31/1926 4	2	508 S. Hanover Street	
11.	BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
	POCOHANTAS VA	WHAT COUNTRY?	MINITER S. KELLY	
14A	.USUAL OCCUPATION (Give kind of work	148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
dan	eduring mast of warking life, even if retired)	Carlotte State of the state of	Tulia STAL ALLA	
16.	WAS DECEASED EVER IN U.S. ARMEI	D FORCES? [17. SOCIAL	18. INFORMANT	DDRESS
(Ye	s, na or unknawn) (If yes, give wor ar dates	of service) SECURITY NO.		LUNA ST.
	YES AKINY	CAUSE OF DEA	MIK, GLENN V. NELLY ALE	APPROXIMATE INTERVAL
	6/1,91	chost of Ben		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	Cirrhos Cirrhos	sis of Liver	
	LEADING TO DEATH (This does not mean the made of dy	(A)IMMEDIATE		
	heort failure, asthenia, etc. It means th	e disease,	AS A CONSEQUENCE OF:	
	injury ar complication which caused de	orn.)		
	ANTECEDENT CAUSES	(B)		
	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	Y, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	7777777 TO FFE COMMON TERMS CONTROL CO
7	UNDERLYING CONDITION LAST.	(C)		
CERTIFICATION	11	(//		
¥	OTHER SIGNIFICANT CONDITIONS C			
문	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P			
RT	20A. DATE OF OPERATION 20B. CO	NDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or Na)
11	21			yes (Partial)
¥	22A. EXTERNAL CAUSE WAS	22B.PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimare City, give exa	ct location)
EDIC	UNDERLYING OR CONTRIB-	hame, farm, factory, street, affic	ce bldg., etc.) INJURY OCCUR?	
ΜĒ	UTING L CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yea	r) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.)	WHILE AT NOT	T WHILE C	
	23.	m. WORK L AT V	WORK L	
		Inquiry Inspection P Au	utapsy X and that on this basis, death in my	aninian
ll l	l certity that I held an			apinion
	resulted frant: Natural cau		de Hamicide Undetermined manner	
	resulted frame: Natural cau		de Hamicide Undetermined manner C	DATE SIGNED
			de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	DATE SIGNED
	ACTUAL SIGNATURE EXAMINER'S WARREN	Accident Suicid	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	
2.4	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Return to the control of	U. Spitz, M.D.	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 4/28/69
24. RE:	ACTUAL SIGNATURE EXAMINER'S WARREN	Accident Suicid	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
24. RE.	ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, 248. DATE	U. Spitz, M.D. 24C. NAME of CEMETERY BALTIMORE	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, town MAT'L CEM. BALT IM ORE	DATE SIGNED 4/28/69 a, or county) (State) MARYLAND
RE	ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, MOVAL (Specify) A. DATE REC'D BY HEALTH DEPT.	U. Spitz, M.D.	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, town MAT'L CEM. BALT IM ORE	DATE SIGNED 4/28/69
RE	ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, MOVAL (Specify) 348. 44.	U. Spitz, M.D. 24C. NAME of CEMETERY BALTIMORE	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, town MAT'L CEM. BALT IM ORE	DATE SIGNED 4/28/69 a, or county) (State) MARYLAND

3/81/1926 42
POCOPHERIUS VA. U.S.A. UNILTER S. KELLY
CINPEUTER

CINPEUTER

MEGLENN VERLLY SLEETINGS

Jan Jan Jas

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Bymeis L. Knezonewski 1220 3

VS 150-REV. 1/1/6B

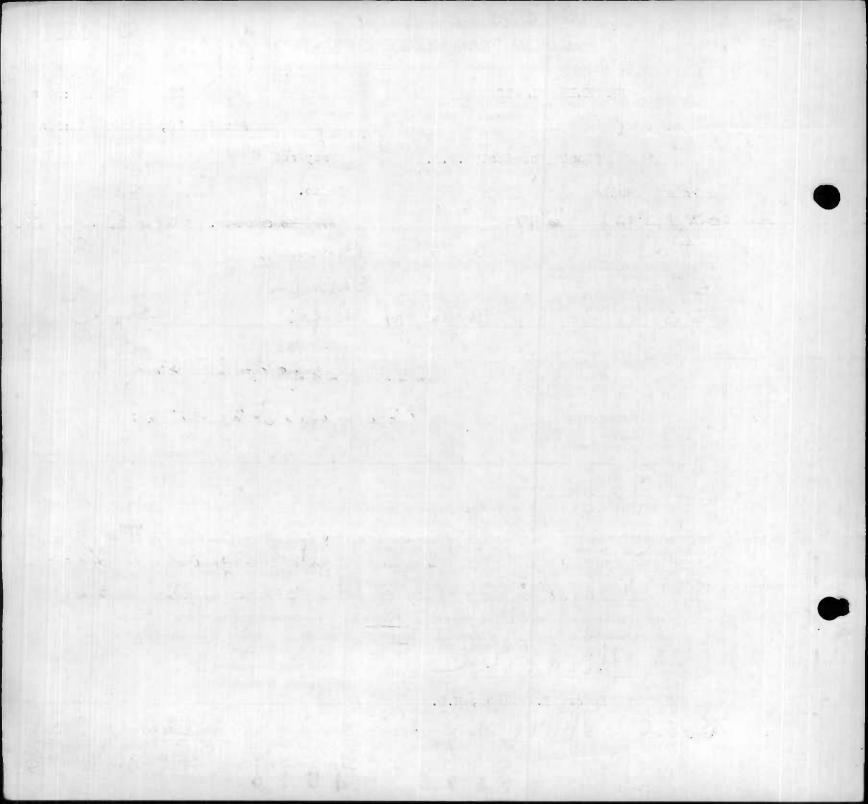
LIN	CO		HEALTH DEPARTMENT	o. 69 4523
Chet:	DIRITI IVO.	4523 CERTIFICA	IE OF DEATH	
death ceased on the	1. NAME OF DECEASED (Type or Print) Winfield Al			12 Am.
(5) December of a death.	3. PLACE IN BALTIMORE, MARYLAND, WHE	OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY Maryland	d. If institution: residence before admission) 2 7 444
cau use; end to	HOSPITAL OR ADDRESS OR LOCATE		Baltimore	YES NO NO
prior	00		E. STREET AND NUMBER 5912 Edna Ave.	
occurr intribu irmine egula ased is mad	Mala	MARRIED NEVER MARRIED UVORCED UVORCED	B. DATE OF BIRTH 10/6/13 9. AGE (In year lost birthday) 55	s If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
deter in redeced	10A. USUAL OCCUPATION (Give kind of work) 10 done during most of working life, even if retired) Pharmacist	Druggist	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
direct of (4) Unit (4) Unit (4) Unit (5) Unit (5	13. FATHER'S NAME Winfield Scott Wal		14. MOTHER'S MAIDEN NAME Nellie Buchanan	
assistant if the dir ny kind; (d death ance on	(Yes, no or unknown) (If yes, give wor or dotes of	s? of service) 16. SOCIAL SECURITY NO. 214-18-6142	2 Dorothy Walb - 5	ADDRESS
f th f th y k d d d d anc	18. / 9 6 0	CAUSE OF DEATH		APPROXIMATE INTERVAL
f medical examiner or medical examiner. Al y burns; (3) A fracture physician who prono ian was in regular at e remains are embalm	(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the above cause (A) st UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	(B)	A CONSEQUENCE OF:	
od od	WAS PERFOI			WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
tal by e; (2) B here the No phy before	OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C, WHERE DID (If in B INJURY OCCUR?	oltimore City, give exact locotion)
e hospi natur cept w nd (6) I	21 D. TIME (Month) (Doy) (Year) (OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	
o the fany [exc	22. I certify that (I) (this hospital) of that (I) (wa) last saw the deceased		19 5 to	Aprit 28 19 69,
eased ident nospit deat must	and haur and fram the causes stated		nding Med. Shaff	23B. DATE SIGNED 4-28-67
L = 0 , = 1	23C. PHYSICIANS NAME (Type) NAME (Type)	DEGREE	3D. ADDRESS 7403 Harford	
F 200 0 5	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 5/1/69	Dulaney Valley	Mausoleum Baltimor	(City, town, or county) (Stote) e Maryland
This cer the bod shows: was D.G decease		DA & ENTAPORM	PROBERT C. Altenbu	rg Funeral Home, Inc - Balto., Md. 21214

. The party state of Concer of abdomne smart Parting To the State of the Sta F when & should Donald Jundort THOS Horton 10

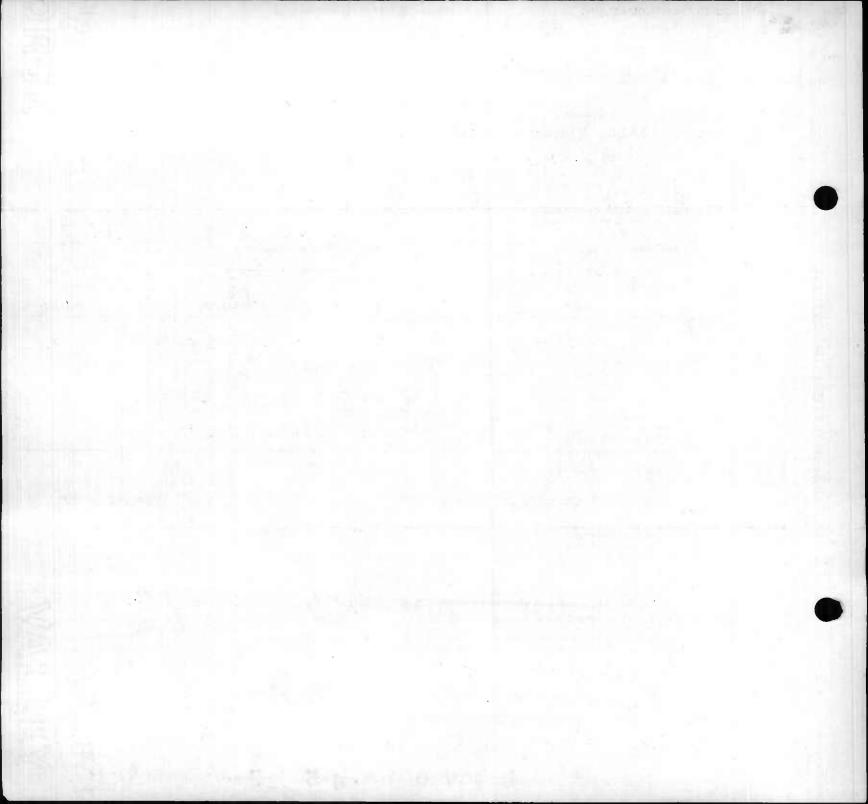
69 4524

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIE	RIH NO.				REG. NO.		
1.	NAME OF DECEASED	2. DATE	Known XX	Manth	Day	Yeor	Haur
(TYI	FRANKLIN LEWIS	OF DEATH	Estimated	4	29	69	11:56 💆
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	Day		Haur
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOU	NCED DEAD				
HO	SPITAL ADDRESS OR LOCATION)			April	29,	1969	11.56ам.
OK	INSTITUTION	A. STATE	SIDENCE (Where		d. If institution:	residence be	fore admission)
	Sinai Hospital D.O.A.		faryland	U.	COUNT	1	7-20
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR		Ti Ii	D. INSIDE CIT	Y LIMITS?	
	MAKKIED [] INEVEK MAKKIED					wa	
	Male White WIDOWED DIVORCED		lto.		YES	N	<u>о Ц</u>
9. 1	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET A	ND NUMBER				Λ1
0	J 1921 847		701 Mohay	ATTO	7011	115,	inne Ma
_	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S		V Hare	- 01	4 30	- 7 N
	WHAT COUNTRY?	12	1				0
	va usa	45	arney				
14A	NUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR'	Y 15. MOTHER	'S MAIDEN NA	ΛE			
	Sa Vasania Me, even Meneral	San	11-				
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORM	ANT		ADI	DRESS	
(Y e	s, na ar unknawn) (If yes, give war or dates af service) SECURITY NQ.		. 1			50	
_	NO 167-16-390	-	42		-	-۱۸۸۰	
	19. 5 4 4 0 1 CAUSE OF DEA	TH	' -				OXIMATE INTERVAL IN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	0					
	LEADING TO DEATH	CAUSE V) 01.1)	
	(A) IMMEDIATE (This does not mean the made of dying, e.g.,	AS A CONSEQU	THEFOR	musca	20000		
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)			,			
	Inforty of complication which coosed death.)		. 0	,			
	ANTECEDENT CAUSES (B)	mida	eno) of	stall.	cation)	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSE	UENCE OF:				•••••••••••••••
	RISE TO THE ABOVE CAUSE (A) STATING THE						
Z	UNDERLYING CONDITION LAST. (C)						
CERTIFICATION	II II						
X	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
문	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	_ ~ _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	*****				
F	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	AS PERFORM	ED			21. AUTOP	SY? (Yes or No)
빙							
ب			6			YES	A. C.
િ	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, farm, foctory, syeet, affice	e bida., etc.)	JURY DOCGUR?	(It in Baltimore	City, give exact	f lacation)	21-20
03	UTING CAUSE OF DEATH.		Suk	enge	tent	RIVEL	lose
Σ	22D. TIME (Month) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED	2	HOW DID IN		??	-	
		T WHILE	Maral	8	7	11	/ \
	23.	WORK	1014	Sakr	y es.	- (1	(me)
		. 57	I about al	or beats d	and to	to Lon	
	I certify that I held on Inquiry Inspection Au	topsy XX	ond that on the	nis basis, a	eoth in my c	pinion	
	resulted from Natural causes Acqident Suicio	de X Ho	micide	Undetermine	ed monner L		
			HIEF MEDICAL E	XAMINER [
	ACTUAL TO TO	ASSI	STANT MEDICAL E	YAMINED T	XX	Ι	DATE SIGNED
	SIGNATURE M.E	D,			7		
	EXAMINER'S	ASSO	CIATE MEDICAL E	XAMINER L	_		
	NAME (Type) Edward F. Wilson, M.D.						0/69
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, tawn,	or county)	(Stote)
1	MOVAL (Specify) 5/1/969 Chevra alar	es Cla	seed 1.	Rando	Obstru	m	McX
200			UNERAL DIRECT	70-1 400	AD	DRESS	1110
25	A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	M.D. Zoc.					Reinterstor
	MAY 2 1989 (Robert C. Janvey	Sy	boan Sid	Leurs.	tzan in	9610	thrank &
VS	1S1. REV. 1/1/68\ 9 7-0 0 9 9 9	7 9	5	Ó			
4.7	1011E11110AAA 11 10 10 1 1 1 1 1 1 1 1 1 1 1						8

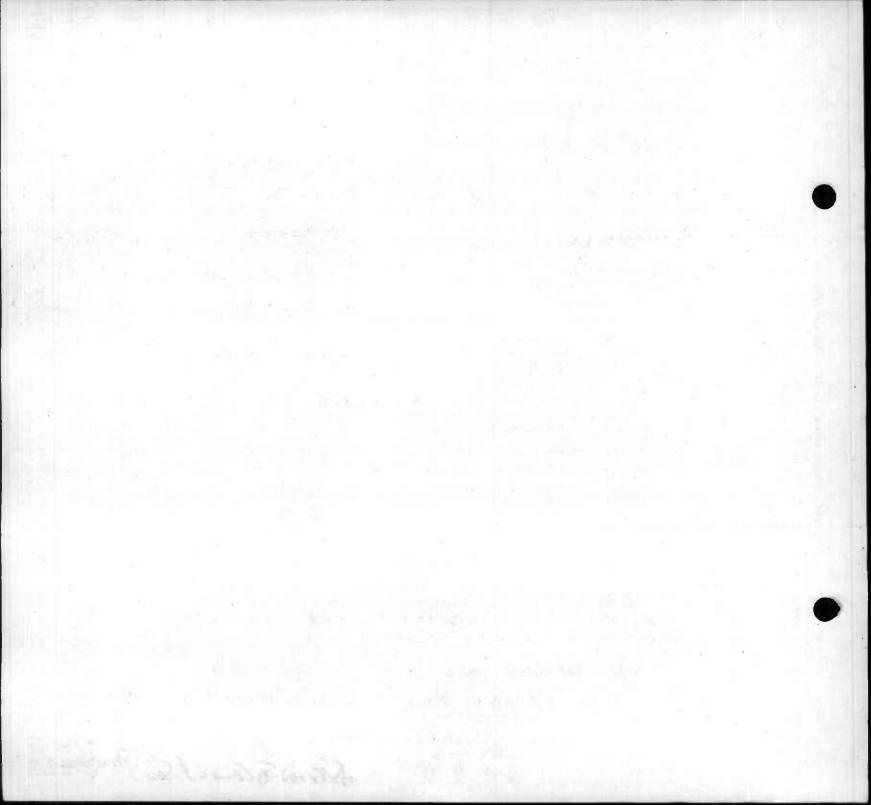


	00 45	BALTIMORE CITY	HEALTH DEPARTMENT	1	69 4525		
-	69 45	25 CERTIFICA	TE OF DEATH	REG. NO	03 4020		
	TH NO. AME OF DECEASED	CERTITO		D HOUR OF DEATH			
	" MARK SULTZER			IL 30, 19			
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE (When		institution: residence before admission)		
HO	L NAME OF (IF NOT IN HOSPITAL OR INS SPITAL OR ADDRESS OR LOCATION) TITUTION	TITUTION, GIVE STREET	C. CITY OR TOWN	Balto	SIDE CITY LIMITS?		
	EVINDALE HEBREW !	TOME AND	BALTIMOR	E	YES NO NO		
9	/ INFIRMAR)		E. STREET AND NUMBER	Court Re	d. Apt. 101		
5. S	EX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	AGE (In woose	If Under 1 Yr. , If Under 24 Hrs.		
	M WIDOW	DIVORCED [2/23/8/	ost birthdox 2			
	USUAL OCCUPATION (Give kind of work 10B. KIND during most of working tife, even if retired)	OF BUSINESS OR INDUSTRY	11. BYRTHPLA/CE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	HOUSE PAINTER		New York Cest 14. MOTHER'S MAIDEN NAM	in the same of the	U.S.A		
13.1	FATHER'S NAME				0-		
	Barret Sulker		Barnet Si	ult kac	Lel Pincus		
	Vos Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	Ver World War I	088-14-0421	HOSPITAL RE	EORAS -	LEVINDALE		
1	18412.41	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		= BROVASCULLA	R ACCID	ENT 7 days		
	(This daes not mean the made of dying, e. heart foilure, asthenia, etc. It means the disea		A CONSEQUENCE OF:		1 0004 2		
	injury ar complication which caused death.)		10				
	ANTECEDENT CAUSES	18 TR'18	TRIOSCLEROTI	C CARD	10- more than 2		
	DISEASES OR CONDITIONS, if any, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:		Urc		
	rise to the above cause (A) stating to UNDERLYING CONDITION last.	he (c) AND C	ERERROVASCU	CLAR DIS	CHSE		
	11	· · · · · · · · · · · · · · · · · · ·					
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN						
	TO THE DEATH BUT NOT RELATED TO THE TERMINADISEASE OR CONDITION GIVEN IN PART 1 (A).	AL					
	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?		
0	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., income, form, foctory, street, oetc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltima	ore City, give exoct locotion)		
I IMI	21 D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY	TE. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
2	(ABBBOY)	While At Not While Work At Work			1		
	22. I certify that (I) (this haspital) attende	the deceased from	2/15/ 1	968 ta 4	1/30 1969.		
11 1	that (1) (we) last saw the deceased alive a	11/20/	1		pinian death accurred an the date		
	and haur and fram the causes stated above. (1) (We) (did) (did nat) view the body after death.						
	23A. SIGNATURE			/	23B, DATE SIGNED		
	Elsa R. Merani	DEGREE Phy	s. Director	Stoff Phys.	4/30/69		
	23C. PHYSICIAN'S NAME (Type) PLOSE PMEPAL	IL MD	1 Den Dalo H	ebrew Hon	My Intermois		
24A	BURIAL CREMATION, 248, DATE 24C	NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION I	City, town, of county) (State)		
	REMOVAL (Specify)	Q 07 11 C	0		md		
R	20002	Dallo Hel	rew K	erstersto	an 1 1/10		
25A	MAY 2 1969	E OF REGISTRAR	25C, FUNERAL DIRECTOR	vin the de	9(10 Readerston P		
VS I	50-REV. 1/1/6B	9 7 4 6	A TOP TO THE PROPERTY OF THE P	. / / / / /	The state of the s		



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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (I	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	This certificate must be approved by	shows: (1) An accident of any nature was D.O.A. at a hospital (except wh	deceased prior to death); and (6) N

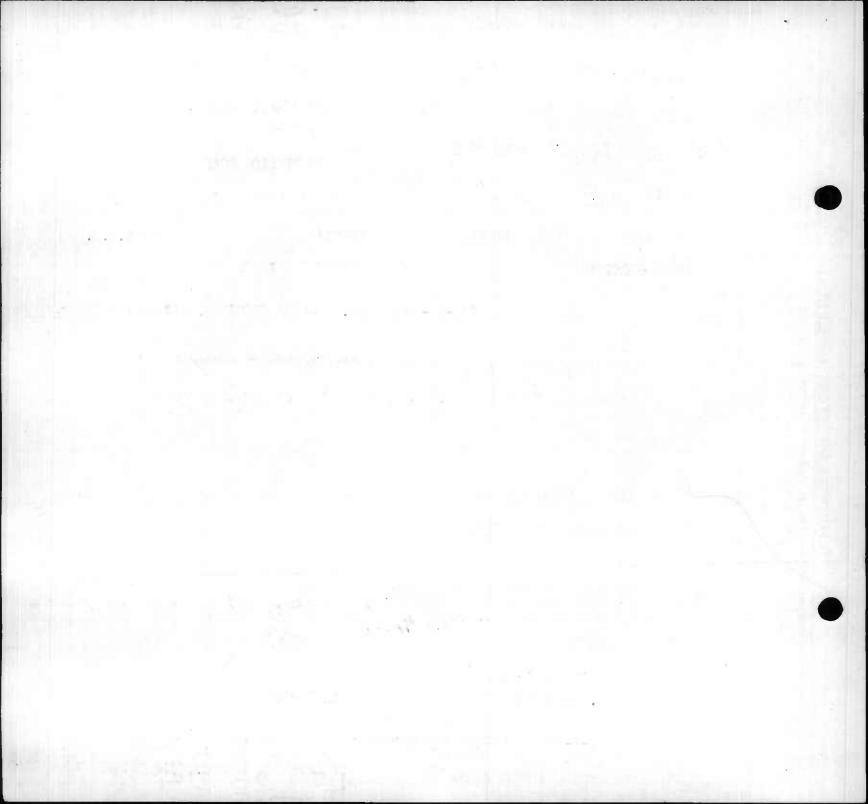
69 4526 BALTIMORE C	CATE OF DEATH REG. NO.	69 4526
CERTIFIC	CATE OF DEATH REG. NO	1020
BIRTH NO.		
Type or Print) RUBENSTEIN , ANNA	2. DATE AND HOUR OF DEATH 4-30-69 5/	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If instit	lution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 21215	2,7-40
HOSPITAL OR ADDRESS OR LOCATION)		CITY LIMITS?
	Beltimore Md	ES NO
Lutheran Hospital of Maryland	E. STREET AND NUMBER	
7/	5903 PARK HEIGHTS AVE	
SEX 6. RACE 7. MARRIED NEVER MARRIED		If Under 1 Yr., If Under 24 Hr.
F WIDOWED DIVORCED	7-25-72	
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)	Kussia.	USCR
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Moseo	Jenne	ADDRESS
5. Was Deceosed Ever in U. S. Armed Forces? 'es, no of unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	TOPORMANT	ADDRESS RC
NO	In dean a Rubenstein	6018 Clover
18. 4/ / 7 // CAUSE OF DI	EATH	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		BETWEEN ONSET AND DEA
LEADING TO DEATH	CAUSE Cardiac Insuficincy	
(This does not mean the mode of dying, e.g., DUE TO OR	AS A CONSEQUENCE OF:	
hearl foilure, asthenia, etc. It meons the disease,		
injury or complication which caused death.)		
ANTECEDENT CAUSES (B)	· C · V · D R AS A CONSEQUENCE OF:	***************************************
-10-10-10-10-10-10-10-10-10-10-10-10-10-	R AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		
11		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6)	NO IN CERTIFING CAUS	ES OF DEATH:
	g., in or obout 21C. WHERE DID (If in Boltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF home, farm, factory, streed DEATH (notify medical examiner)	i, office bldg., INJURY OCCUR?	
	21F. HOW DID INJURY OCCUR?	
OF INJURY	While	
	Vork	
22. I certify that $(y)'$ (this haspital) attended the deceased fram	4 / 16 19 69 10	4/30 1969
that (1) (we) last saw the deceased alive an 5,150 PM 4/		
and haur and from the causes stated above. (1) (We) (did) (did no		38, DATE SIGNED
23A. SIGNATURE	and the same of th	ON DATE STORED
Rego - Bakadoni m. L. DEGREE	Phys. Director Phys.	
NAME (Type) RETA BAUADARA	23D. ADDRESS Lutheran Hospital of M	ierylent
	GREE	
REMOVAL (Specify) 248. PATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City,	town, or country (State)
Burial 5/1/69 mishkon	Isamel Ballon	nd
25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	GARRISON, M
MAY 2 1969 1 (1222 5 100)	1 1 1 10 So 10 112 + Co	COLIERISON, MI
William L. C.	HALEN HIN AT CENN - 1 OUT	0



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disnocition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11	2 / 1 (0)	BALTIMORE CITY	HEALTH DEPARTMENT		CO 450m
1		1527 CERTIFICA	TE OF DEATH	REG. NO	69 4527
	RTH NO.	OEKTII TO		HOUR OF DEATH	
	ype or Print) (12 ass man , DA. W.	Mam W.	4.4.5	1 22 4 2	. (0)
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	deceosed lived. If in:	stitution: residence before admission)
			A. STATE B. COUNT		17.66
II H	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) 15TITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	MARY LAND	DE CITY CIMITS?
	1		BALTIMORE		YES NO
17	18 Sevendel AGE	D HOME	E. STREET AND NUMBER		
K	The Occurrence		5963 PIMLIC	O ROAD	
5.	SEX 6. RACE 6. MARR	IED NEVER MARRIED	1	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
L	WHITE WIDOV		9-2-1900	68	9 2
	A. USUAL OCCUPATION (Give kind of work 108, KINE one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
		BROKER	RUSSIA		U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
	JACOB GROSSMAN		LUBOV ?		
15	. Was Deceased Ever in U. S. Armed Farces? es,no ar unknawn) (If yes, give war ar dates af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO L	214-12-4048	MRS. REBECCA GR	OSSMAN 31A	5 CHEIRIDHE DAAD #8
	18.4/12	CAUSE OF DEATH	H KLDLOOK OK	OSSMINI, SIV	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	ISE PAYdIOVASCUL	in insuch	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	injury ar camplication which caused death.)		11010) - 1	1 1/1	
	ANTECEDENT CAUSES	(B) (VA) (1	TSCOP) > DIABLE	etes milliti	(C)
	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:		
	rise Ia Ihe above cause (A) staling UNDERLYING CONDITION last.	(C)			
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
TAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).		1904	000 10 100	
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
830	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	n ar about 21 C. WHERE DID	(If in Baltimare	e City, give exact location)
14	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?		
2	21D. TIME (Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
AAF	OF INITION	While At Not While	e —		
		Wark L At Wark			
	22. I certify that (I) (this haspital) attended			9 67 to 4	30-1969.
	that (I) (we) lost sow the deceased olive	on 4 72	9 19 6 9 ond tho	t in (my) (aur) opir	nion death occurred on the date
	ond hour and fram the couses stated abov	e. (I) (We) (did) (did nat) v	iew the body ofter deoth.		
	23A. SIGNATURE			\	23 B. DATE SIGNED
	& Alta be	DEGREE Phys	nding Med. Director	Staff Phys.	
	23C. PHYSICIAN'S NAME (Type)		LEVINDALE		
	E. AHTAHRAN	DEGREE	LEVINDALE		
24	A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Ci	ty, town, or county) (State)
	marane a la l	HEBREW FRIENDSHI	P BALT	IMORE, MARY	/LAND
25	A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	1 25C. FUNERAL DIRECTOR		ADDRESS
	MAY 2 1969 Utoks	- C. J. J.	SOL LEVINSON	& BRUS., 601	10 REISTERSTOWN ROAL



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

17	T-213 69	4528 BALTIMORE CITY	HEALTH DEPARTMENT		
	0 0 0	CERTIFICA	TE OF DEATH	REG. NO.	69 <u>4528</u>
	TH NO.	CERTIFICATION OF THE PROPERTY			
	PAME OF DECEASED	44		D HOUR OF DEATH	
	Jacobson, RABBI		5/1/6		
	PLACE IN BALTIMORE, MARYLAND, WHERE P		A. STATE B. COUNTY	TY	stitution: residence before odmission) 1 7- 16
HC	ILL NAME OF OSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN Beltimore MJ	D. INSIC	DE CITY LIMITS?
16	Lutheran hospital &	nery land	E. STREET AND NUMBER 3023 Glen		11.3 💆
5.	SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	MALE WHITE WIDO	OWED DIVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ost birthdoy)	
	N. USUAL OCCUPATION (Give kind of work 10 B, KII to during most of working life, even if retired) RABBI	RELIGION	LOMZA, POLAND	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	ISSACHEI MARKOWITZ		?		
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of se		17. INFORMANT	WITT7 2000	ADDRESS
	NO		RABBI LEON MARKO	WIIZ, 3023	GLEN AVENUE #15
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	H USE C.V.B Care	Liering Pi	BETWEEN ONSET AND DEATH
	(This daes nat meen the made af dying, heart failure, asthenia, etc. It meens the di- injury or complication which caused deeth.)	sease, DUE TO, OR AS	A CONSEQUENCE OF:	0.20	
	ANTECEDENT CAUSES	C· V·	A		
		(B)	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, il ony, rise la lhe abave cause (A) sloling UNDERLYING CONDITION last.	3	A CONSEQUENCE OF:		
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Bollimore	e City, give exoct locotion)
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hour OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?	
	22 1		- 1	9 69 to 5-	-1-6 1960
	22. I certify that (1) (this haspital) atterthat (1) (we) last saw the deceased alive		· · · · · · · · · · · · · · · · · · ·		
	and haur and fram the causes stated abo				
	23A. SIGNATURE				23B. DATE SIGNED
	Roba Robal	Atte	ending Med.	Staff	
	23C.PHYSICIAN'S	aegree Phy	s. Director L	Phys. L	
	Rega - B fall 23C. PHYSICIAN'S NAME (Type) REBA BAB	ADOR) M.D. DEGREE	Lutheren he	ospital of	Mary lend
24/		24C. NAME of CEMETERY OF CR			y, town, or county) (Stote)
		KOVNA CONGREGATIO	ON ROS	SEDALE, MARY	LAND
25/		AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS REISTERSTOWN ROAD
	TOOK AND		1 2 60	-	

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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	0 - 0
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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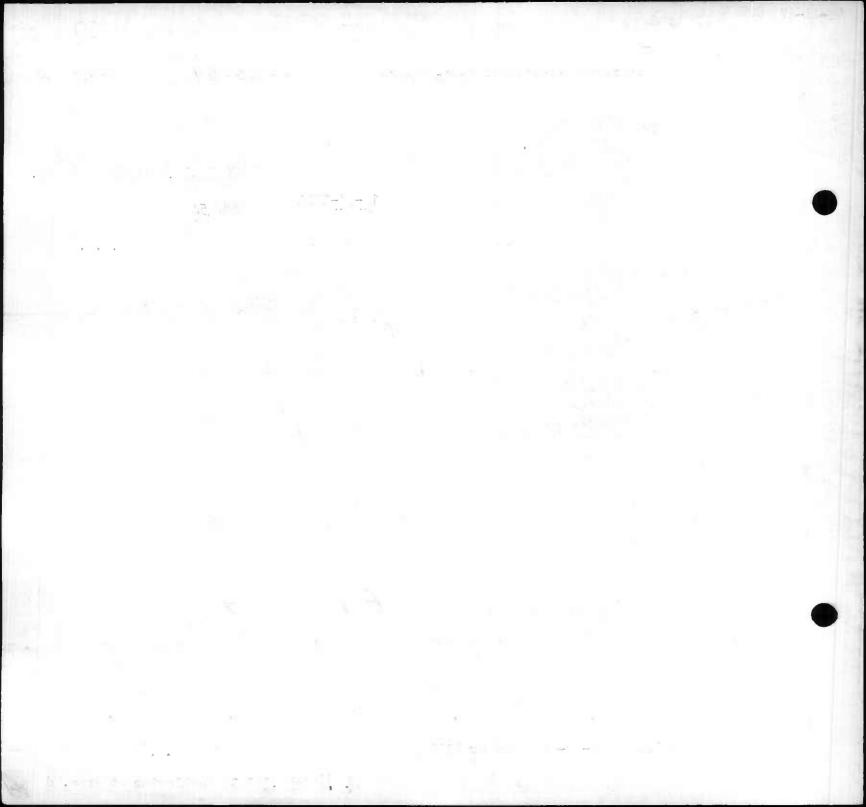
		Y HEALTH DEPARTMENT 69 4529				
	CERTIFICA	ATE OF DEATH REG. NO. 4029				
	Type or Print) MAX B. AMERNICK	2 DATE AND HOUR OF DEATH 4-30-69 834				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	BALTIMORE, MARTCHAD 27-93 C. CITY OR TOWN D. INSIDE CITY LIMITS?				
1	SINAL HOSPITAL OF BALTO.	BALTIMORE YES NO NO				
1	TREENSPRING & BELVEDERE MUES.	E. STREET AND NUMBER 3404 Woodland Ave.				
	ALE 6. RACE WHITE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years light birthday) 16 Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.				
	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired) RETAIL SALESMAN	11. BIRTHPLACE (Stole or foreign Country) 12. CITIZEN OF WHAT COUNTRY? RUSSIA RUSSIA				
Ili	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	BERNARD AMERNICK	SYLVIA ?				
	5. Wos Deceased Ever In U. S. Armed Forces? (es, no or unknown) (It yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT SUITE 400				
	NO	MR. BERNARD AMERNICK, 110 E. LENINGTON ST.				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAI	USE Superior Mesenteric Antery				
	(This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	A CONSEQUENCE OF: Thromboses & bowel Resection				
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoting the UNDERLYING CONDITION lost.	A CONSEQUENCE OF:				
	a caraia	abdominal anevrysm				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED SUPERIOR MESSEN FRICE TRANS	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	OR CONTRIBUTING CAUSE OF LEATH (notify medical examines) 218. PLACE OF INJURY (e.g., including factory, street, or etc.)	n or about 21 C. WHERE DID III in Raltimore City give exect location				
	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?				
	22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive on	19 19 19 ta 4 30 19 9 19 19 19 19 19 19 19 19 19 19 19 1				
	and haur and fram the causes stated shove. (1) (We) (dld) (dld not) v	The date				
	23A-5IGNATURE	238, DATE SIGNED				
	Physical Phy					
	STEPHEN ROSENSAUM M	SIUNI HOSPITAL OF SHETO.				
2	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D, LOCATION (City, town, or county) (Stole)				
	BURIAL 5-1-69 FORBAND	BALTIMORE, MARYLAND				
2	MAY 2 1969 CLOSE E. Tacker	25C. FUNERAL DIRECTOR & BROS., 6010 REISTERSTOWN ROAD				
V	3 150-REV. 1/1/68					

and it is the district

This certificate must be approved by the chief medical examiner or his assistant if death occurred in

CSK was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

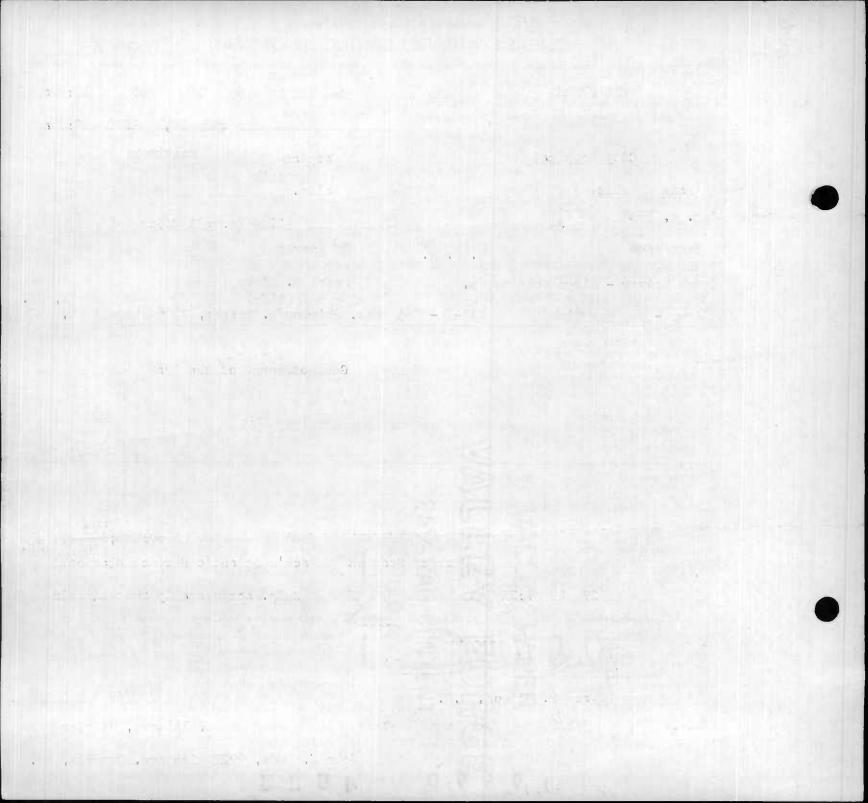
11-020 6	9 15	BALTIMORE CIT	T HEALTH DEPART	MENT	10. 69	4530	
BIRTH NO.	400	30 CERTIFICA	ATE OF DEA	ATH REG. N	10. 17.7	1000	
(Type or Print)	, 1		2.	DATE AND HOUR OF D			
林林林林林林林 **	*****	* Louis Harri	s	4-26-69	7	4:10 P	
3. PLACE IN BALTIMORE MARYLAND,	WHERE PRONO	UN CED DEAD	4. USUAL RESIDEN	ICE (Where deceased live B. COUNTY	d. If institution; res	idence before admission	
FULL NAME OF (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	1			7.6-19	
HOSMITAL OR ADDRESS OR LOCINSTITUTION BALTIMORE CIT	TT CONDTA	ATS	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?				
		, KLLO	BALTIMOR		YES X	по П	
3/ 4940 EASTERN		// 070 0/	E. STREET AND NI		120 (12)	21224	
BALTIMORE,	MAKILANI	# 212 24	BATTTMORE	CITY HOSPIT	T OVOY		
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In year		1 V. 1/ 11 D. 1 11	
MALE NEGRO	WIDOWED	DIVONCED	12-24-1914	lost birthday)	Months C	Poys Hours Min.	
IOA. USUAL OCCUPATION (Give kind of wo	k 108, KIND O	F BUSINESS OR INDUSTRY	TI. BIRTHPLACE ISS	te or foreign country) 2/4	12 CITIZE	N OF WHAT COUNTR	
fone during most of working life, even if retired)					12. 011121	M OL MUNI COOMIK	
	RET	TRED	MARYLANI		T	J.S.A.	
3. FATHER'S NAME			14. MOTHER'S MA	DEN NAME	4-		
JAMES H ARRIS			MAF	RYSIMS			
5. Was Deceased Ever in II. S. Amned Ed	orces?	1 6. SOCIAL	17. INFORMANT			ADDRESS	
Yes, no or unknown) (If yes, give wor or do	les of service!	SECURITY NO.		4940 EASTE		**	
18. 7 9 0 0 1		CAUSE OF DEAT	BCH: RECORDS	BALTIMORE,	MARYLAND	#21224	
017,4		CAUSE OF DEAT	н		BE	APPROXIMATE INTERVAL	
DISEASE OR CONDITION D			C.	4			
(This does not meen the mode o		(A) IMMEDIATE CAL		grs.			
heart failure, asthenio, etc. it meon	s the disease.	DUE TO, OR AS	A CONSEQUENCE OF				
injury or complication which couse	d death.)	\sim 0					
ANTECEDENT CAUSE	S	m (h	ina U	TI			
DISEASES OR CONDITIONS, if	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS			F: ,	1		
rise to the above cause (A) UNDERLYING CONDITION lost	in the approx cases (V) stating the			obstuc	tin		
41		\C/					
OTHER SIGNIFICANT CONDITIONS CO	NIPIBILITING					,	
TO THE DEATH BUT NOT RELATED TO	THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PA	NOTION FOR	WHICH OPERATION	20A. AUTOPSY?	les or No. 20B. IF YES.	WERE FINDINGS C	ONSIDERED	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 1994 DATE OF OPERATION 198, COI WAS PEI	RFORMED		YES	IN CERTIFYIN	WERE FINDINGS C G CAUSES OF DE	ATH?	
U 21A. ACCIDENT WAS UNDERLYING!	21B	PLACE OF INJURY (e.g.,	n or obout 21 C. WHER	E DID Of In B	oltimore City, give	exact location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	hom	e, form, factory, sireet, o	ffice bidg. INJURY O	CCUR?			
R OF INJURY		INJURY OCCURRED Not While	1	DID INJURY OCCUR?			
(APPROX)	Wo	rk At Work	· 1 / 1	,		/-	
22. I certify that (1) (this hospita	l) attended t	he deceased from	6/16	19 5 Z to	1/26	19 67	
that (1) (we) last saw the deceas		4/26	10 67		2		
				and that in (my) (ou	opinion deoth	occurred on the dat	
and hour and from the causes sta 23A. SIGNATURE	ited above.	/ (We) (did) (did not) v	lew the bady after	death.			
25A. STORATORE	30	140			238, DATE	SIGNED	
pennech ?	thegel	en My Phy	nding Med.	or Stoff Phys.	17/	26/69	
23C. PHYSICIAN'S NAME (Type)	0		23D. ADDRESS	BALTIMORE CIT	Y SESPITA	IS	
KENNETH E. FLI	CSTEN	MD.			LTIMORE M		
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY OF CRI	MATORY EAST	24D. LOCATION	(City, town, or		
			WINCH COMMITTER		tony, town, or o		
Burial 4-30-6		wer Hill		Annapolis	A.A.Co	Md	
SA. DATE REC'D BY HEALTH DEPT.	258 NAME C	FREGISTRAR	25C. FUNERAL D			ADDRESS	
MAI 2 1365	A? (12.)	E Talber	CLESHI	ks 111 #0 Wa	shington S	St Anna, Md	
'S 150-REV. 1/1/68	TEST TOTAL						



5-162

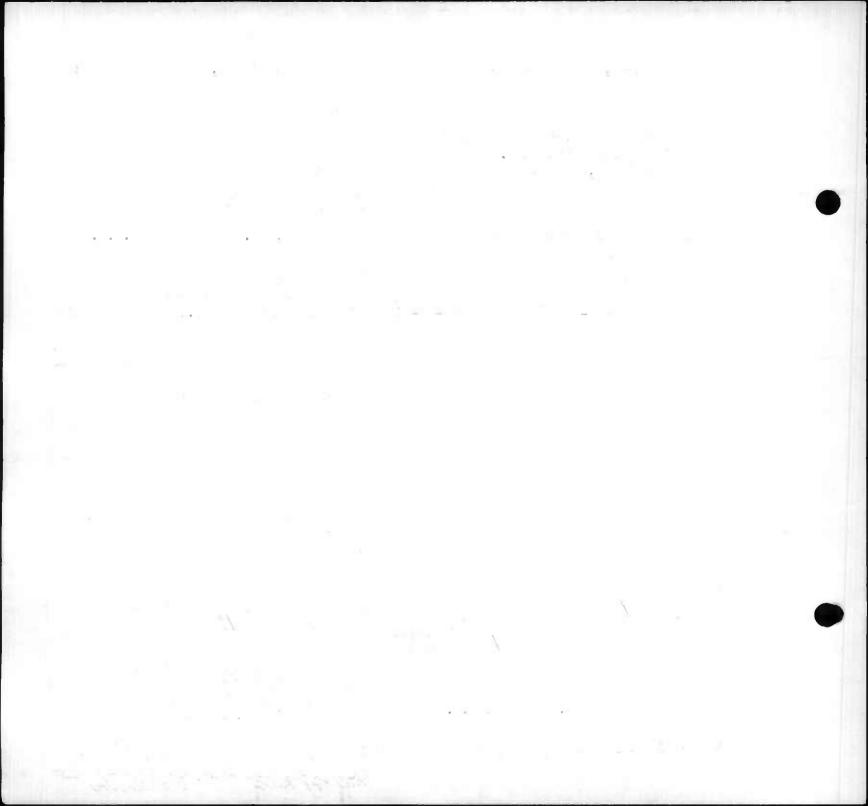
69 4531 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4531
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known XX Month Doy Year Hour
DEAN SPARKS	DEATH Estimoted 4 30 69 10:00a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD April 30, 1969 10:00a M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3 / City Hospital	A. STATE B. COUNTY Baltimore & 53-05
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN Dundalk D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YES NO X
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Jan. 4, 1938	2706 Dunwall Court
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
U. S. A.	Ed Sparks
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	The state of the s
Truck Driver - Airco Welding Co.	Pearl R. Kirby
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT (Wife) ADDRESS Dundalk, Md
Army - Not War Time 213-34-8865	Mrs. Shirley A. Sparks, 2706 Dunwall Ct.
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL
C78010	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
II I (A)IMMEDIATE	CAUSE Gunshot wound of the head AS A CONSEQUENCE OF:
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
mility of complication which coused dealin.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
5	3 3 3 4 4 4 4 5 5 4 4 4 4 4 4 4 4 4 4 4
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
02	Type I was a second of the sec
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	, in or about 22C. WHERE DID (If in Boltimore City, give exact acction)
	, in or obout 22C. WHERE DID (If in Boltimore City, give exect ordion) Donnell St
UTING LI CAUSE OF DEATH. Service St 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	
OF INTURY	T WHILE C
(AFFROX.) 4 29 69 7:25mp WORK LJ AT	WORK XX Subj. accidentally shot himself
	utopsy XX and that on this basis, deoth in my opinion
resulted from Netural causes Accident XX Suici	
resulted from: Natural causes Accident MA Suici	
ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.	D. ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	4/30/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) 5/3/60	
Burial 5/3/69 Oak Lawn Come	tery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	John J. Duda, 7922 Wise Ave. Dundalk, Md.
	The state of the s
VS 151-REV. 1/1/68 // 8 (4) 17 (3)	1 4 5 2 3



FUNERAL DIRECTOR: IMPORTANT	This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the nospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (b) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
FUNERAL	This cortificate must be approved by the chief medic	shows: (1) An accident of any nature; (2) Body burns	was D.O.A. at a hospital (except where the physic	deceased prior to death); and (6) No physician was written approval must be obtained before the rema	

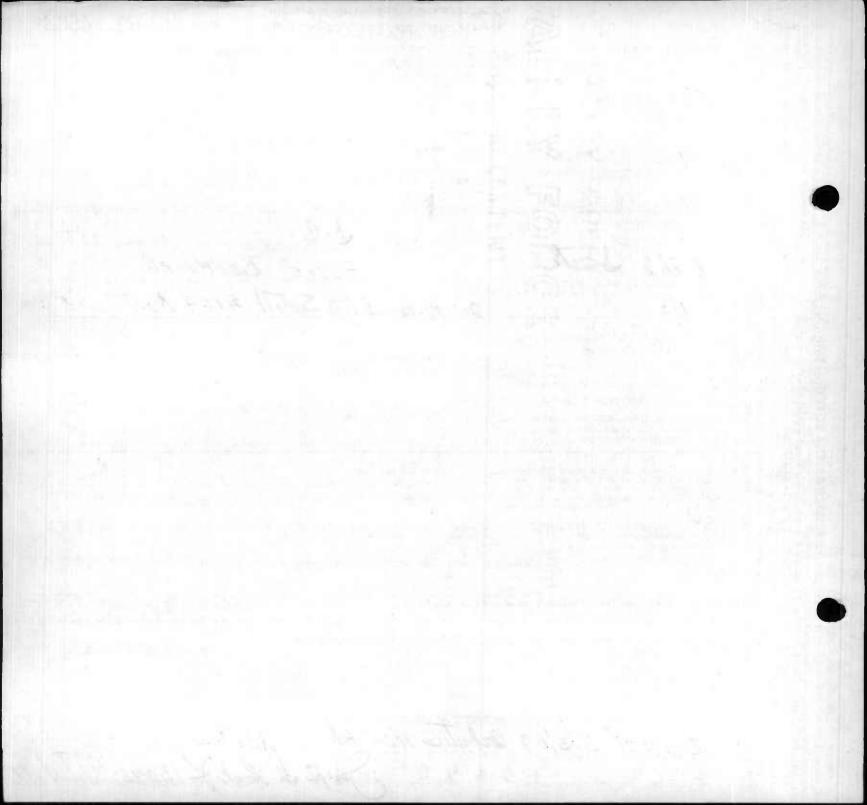
PIRTU NO	69	453		HEALTH DEPARTMEN	· /	69 45	22
1. NAME OF DE (Type or Print)	GROVE, CHARL	ES CALVEF		2. DAT	and Hour of DEAT	9 ,	3:00 P
3. PLACE IN BA	ALTIMORE MARYLAND,			4. USUAL RESIDENCE	Where deceased lived, If		M before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	Rtl Mary:		SIDE CITY LIMITS?	-00
	eterans Admin	istration	n Hospital				10 🗆
,	900 Loch Raver		0	E. STREET AND NUMB	ER		
5. SEX	altimore, Mary			R t one			·
Male	White	WIDOWED		2/22/35	9. AGE (In years last birthday)		Il Under 24 Hrs. louis Min.
done during most o	cupanon (Give kind of word of working life, even if retired) & Fender repa:		mobile	Winchester		U.S.A.	VHAT COUNTRY
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME		
Cha	arles Grove			Audrey Kelly	y		
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed Fo	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANTUA HO	spital Recor	ds ADDRES	S
Yes	1/30/54-1/1		215-32-713		Raven Blvd.,		1218
DISEASES rise la 11 UN DERLYIN OTHER SIGN TO THE DEA DISEASE OR 19A-DATE O	nal meen the made of a sthenic, etc. It means the made of a sthenic, etc. It means the made of the sthenic cause of the sthenic cause (A) and the st	s the disease, d death.) any, giving stating the STATE STAT	(B) DUE TO, OR AS (C) HICH OPERATION	primary A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of obout 21C, Where Diffice bidg., INJURY OCCU!	D (If to Baltime	FINDINGS CONSIDAUSES OF DEATH?	7
OF INJURY	(Month) (Day) (Yeor)		INJURY OCCURRED B At Not White At Work		INJURY OCCUR?		
that () (we	ure W Ga	i) attended the	we) (did) (did/noy) v	ew the body after dead ding Med. Director C	1969 to Ap d that in (my) (our) op th. Shaff X Loch Raven B imore, Maryla	23B. DATE SIGNED OULEVARD	
24A. BURIAL CR REMOVAL REMOVAL	EMATION, 248. DATE Specify) 908144 5-2-6	24C.NA	ME OF CEMETERY OF CRE			City, town, or county)	(State)
25A. DATE REC'I	AY 2 1969	258 NAME OF	REGISTRAR C. Landrey	25C, FUNERAL DIRECT	LERAL LINEIE T.	BALTO, NADOI MENNA, VA	ESS FOR
/S 150-REV, 1/1.	700 A IN THE		W - W	4 1 6 1 2			



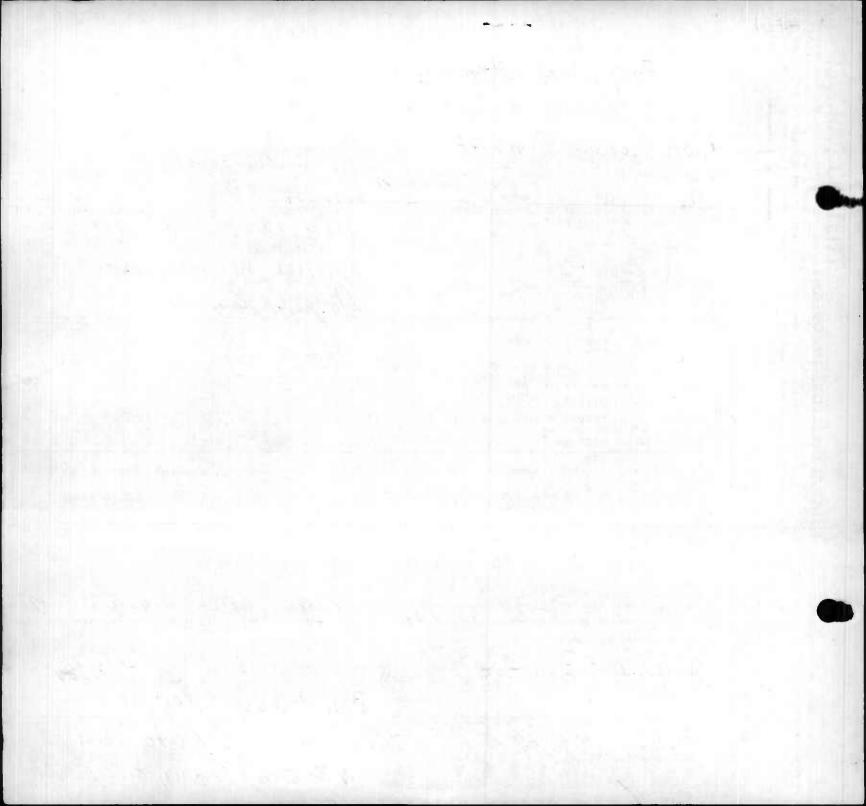
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VERAL DIRECTOR

<-530 T REG. NO. (5) Deceased Such death BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 4. USUAL RESIDENCE (Where Deceased lived. It institution: residence before admission)
A. STATE
B. COUNTY death. of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance A Hosp 0 FULL NAME OF cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN D. INSIDE CITY LIMITS? etermined cause; 10 0 YES NO prior E. STREET AND NUMBER contributing occurred 121 Mountwood disposition is made. regular 5. SEX 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 7. MARRIED TO NEVER MARRIED deceased Months Doys lost birthdoy Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or toreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (4) Und horra Mas 13. FATHER'S NAME MOTHER'S MAIDEN NAME the BOOK MA assistant death kind; 15. Was Deceased Ever in U. S. Armed Forces APDRESS 0 6. SOCIAL final (Yes, no ar unknown) (If yes, give wor or dates of service) the SECURITY NO. attendance mountwood fracture of any 1B. CAUSE OF DEATH pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF bai heart failure, asthenia, etc. It means the disease; gular injury at complication which caused death.) em ANTECEDENT CAUSES who 9 are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF 3 rise to the obove cause (A) sloting the physician UNDERLYING CONDITION last. the remains Was medical any nature; (2) Body burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19.A. DATE OF OPERATION the 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where to the hospital °Z DEATH (notify medical examiner) approved by MEDIC obtained 21 D. TIME 9 (Month) (Dov) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not White OF INJURY (except While At (APPROX.) and Work At Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date be of death) hospital and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. was released must An accident 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff 0 Phys. approval 0 prior 23C. PHYSICHAR'S 23D. ADDRESS at NAME Mypel 4 24A. BURIAL CREMATION, 24B. DAM (City, towns 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION county) (Stote) deceased the body 0.0 REMOVAL (Specify) written 6 W ds REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 26C. FUNERAL DIRECTOR VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

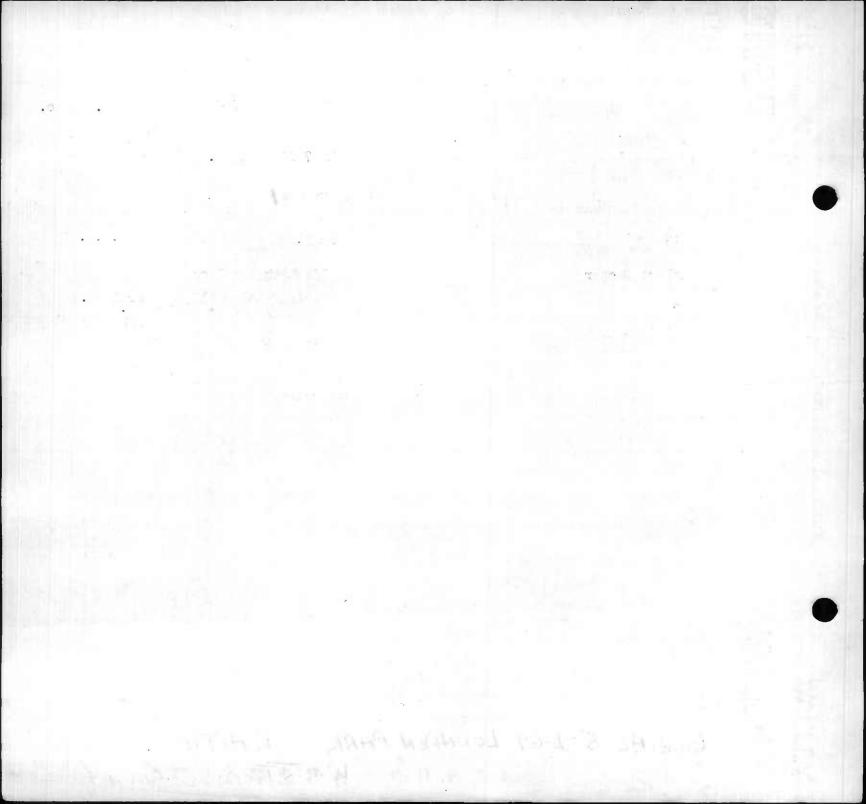


	00 4	BALTIMORE CITY	HEALTH DEPARTMENT		CO AEDA II
DID	TH NO. 69-07 989	CERTIFICA	TE OF DEATH	REG. NO	59 4539 H
1. N	AME OF DECEASED BOWN	Hou krow		D HOUR OF DEATH	9:30 S.M
3.		ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	titutian: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ISPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARY LAND C. CITY OR FOWN		19-63 DE CITY LIMITS?
12	- ^ ^	· 6 0	Baltimore		YES NO
1	son secent Play	betal	E. STREET AND NUMBER	nbanol	<i>S</i> 4.
5. 5	(6. RACE)7. MARR	THE THE WARRIED	B. DATE OF BIRTH 4/29/69	O. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KINI		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
	e during most of warking life, even if retired) FATHER'S NAME		MARYLAN	<u>D</u>	U.S.A.
130	Unknown		ANGELINA)	HOUBREY	
15. (Ye:	Was Deceased Ever in U. S. Armed Farces? , no ar unknown) (If yes, give war or dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Carols	ADDRESS
	1B. 7 7 1 1	CAUSE OF DEATH	1	186	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		A.	+	
	LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAU	SE TELMALUSE A CONSEQUENCE OF:	hf	
	heart failure, asthenio, etc. It means the dise injury ar camplication which coused death.)		A CONSEQUENCE OF:		40.00
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if ony, gi	ving (B)	A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c)			
	11	(0)			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	SES OF DEATH?
AL CERT	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n or about 21C. WHERE DID ince bldg., INJURY OCCUR?	(If in Baltimare	City, give exoct location)
U	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJI	18V O.C.(1182	
MEDI	OF INJURY (APPROX.)	While At Nat While Wark At Work	• 🗖	DRY OCCUR!	
	22. I certify that (I) (this hospital) attend	ed the deceosed fram	1/29	969 10	4/29 19 69
	that (I) (we) last saw the deceased alive	an 9/29	19ond the	at in (my) (aur) apin	ion death accurred an the dot
	and hour and from the causes stated obay	e. (I) (We) (did) (dld nat) v	iew the bady after death.		
(Josephine G. Brunide	Atte Phys	nding Med. Director	Staff Phys.	238, DATE SIGNED
	ASC. PHYSICIAN'S NAME (Type)		Bon Secour	s Host	tek
24/	BURIAL CREMATION, 24B. DATE 24B. DAT	C. NAME OF CEMETERY OF CRE		CATION CIT	y, tawn, ar caunty) (State)
25/	A. DATE RECTO BY HEALTH DEPT 268. NA.	ME OF REGISTRAR	D 25C. FUNERAL DIRECTOR	1 Page	ADDRESS Chi
VS	150-REV. 1/1/68	and C. Market	1301100	Lerry	in june 10



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

69 4	535 BALTIMORE CITY	HEALTH DEPARTMENT		00 4535		
DIRTU NO	CERTIFICA	TE OF DEATH	REG. NO.	00 4000		
I. NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH,	/		
(Type or Print) Rerry Hilde		113	30 m 4/2	8/691 M		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRE	ONO UN CED DEAD			Mution: residence belose admission)		
			1 1.1 1	5-3-00		
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	1527 P	CKETT KO	Md. Balto. DE CITY LIMITS?		
NU Cham + La DO NU	RSING +	1 thomas 1/2 V	nd	YES NO X		
Dreasant Mans Nu Convalesco	ent	E. STREET AND NUMBER	1100	110/2		
90		1527 Picket	t Rd.			
5. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.		
	WED X DIVORCED	12-21-81	ost birthday	Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?		
done during most of working fife, even if retired)				TI C A		
House wife		Maryland 14. MOTHER'S MAIDEN NAM	l F	U.S.A.		
		THE THE THE THE				
Robert Cooper	11.6.50.01.6		Sheldon	ADDRESS		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of serv		17. INFORMANT Marie Kett	ler 517 Cath	nedral St.		
No	220-32-9495	A marie mood	Baltimore	Md.		
18. 4/12 31	CAUSE OF DEATI	1 1/	1 (.1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	Cone	estive Hee	at for!	ura		
LEADING TO DEATH	(A) IMMEDIATE CAU		}			
(This daes not meon the mode of dying, heart foilure, asthenio, etc. It meons the dise		A CONSEQUENCE OF:	7			
injury ar complication which caused death.)	Anda	a's closed	111	dik		
ANTECEDENT CAUSES	ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, if any, gi	viiig	A CONSEQUENCE OF:				
rise to the above cause (A) stoting UNDERLYING CONDITION lost.	(C)					
П	· · · · · · · · · · · · · · · · · · ·					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG					
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).						
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	10 CERTIFYING CAU	INDINGS CONSIDERED		
WAS PERFORMED	210 01 00 00 100000	L JOIC WHIERE DID	95 + 5 +			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(It in Boltimore	City, give exact location)		
U	etc.)					
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
(APPROX.)	While At Not While At Work	e 🔲		1		
22. I certify that (I) (this hospital) attend	1	1010	9 to A	r, 28, 19 69		
that (I) (we) last sow the deceased alive	1 22	7		ion death accurred on the date		
/			11 (111(111)) (ddi) Opini	non decin decorred on the date		
and hour and fram the causes stated above	/e. (I) (we) (ala) (ala nat) v	lew the body after death.		23B. DATE SIGNED		
Toke I lent			Staff	230 37112 3131123		
DOC DUINGISIANS	OE GREE Phy		Phys. 🗀			
PHYSICIAN'S NAME (Type)	=NOFF MA	23D. ADDRESS	Baltin	180 6		
No BERT ROUSS	OEGREE	Mage Fa.	1 strill			
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	MATORY 24D. LC	CATION (City	y, town, or county) (State)		
BURIAL 5-1-69	LOUNDON F	ARK IS	ALTIMO.	RE MAD.		
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS		
WAI 2 1303 (17.12e)	Chilana AD	0 WM. 172	Shines The	Sou Ina		
		- 4 5 7				

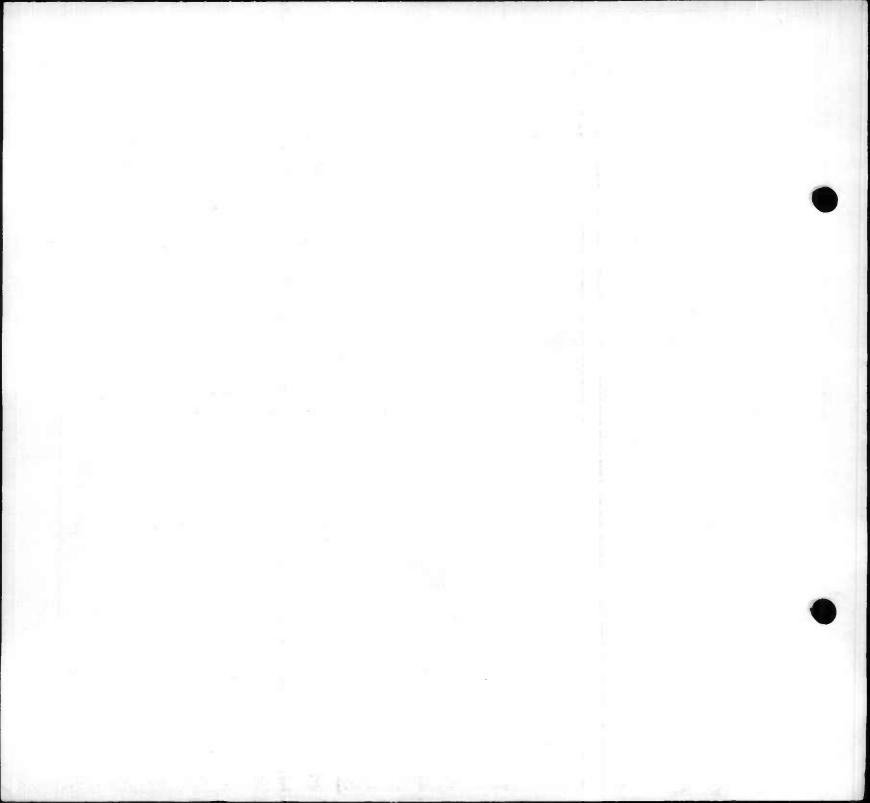


	69	453	BALTIMORE CITY	HEALTH DEPARTMENT	\/	69 48	536	
BIRTH NO.	00	700	CERTIFICA	TE OF DEATH	REG. NO	00 30) ((·	
I, NAME OF DEC	EASED			2. DATE	AND HOUR OF DEAT	Н	-	
(Type or Print)	TPPY. Sarah	Δ		Ar	ril28, 1969	7.35	D M	
	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (TV	here deceased lived, tf	institution: residence	efore odmission)	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	UTION, GIVE STREET	Maryland c. City of town Baltimore	Baltimor	ISIDE CITY LIMITS?	3 00 o∏	
1				E. STREET AND NUMBER				
Bolton Hill Nursing & Convalscent Ctr. 6. RACE 7- MARRIED NEVER MARRIED				619 Braeside Avenuue				
	e White	7. MARRIED [WIDOWED [B. DATE OF BIRTH 4-29-1890 XXXXX	9. AGE (In years lost birthdoy)	Months Doys H	f Under 24 Hrs. ours Min.	
OA, USUAL OCCI	JPATION (Give kind of world	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f		12. CITIZEN OF W	HAT COUNTRY	
At Ho				Maryland 14. MOTHER'S MAIDEN N	LAA4F	U.S.A.	,	
2. FAIRER 2 NA	ME			14. MOTHER'S MAIDEN N	AME			
William 5. Wos Deceased	C. Horn Ever in U. S. Armed For (III yes, give war or date	ces?	1 6. SOCIAL	Sarah C Disn	ey	ADDRES	S	
	ill yes, give war or date	is of service)	SECURITY NO.	William K. Ha	rman=3315	Ingleside A	venue #1	
NO			213-54-1911 CAUSE OF DEATH		I IIIaII - 5515		MATE INTERVAL	
DISEASES OF THE PROPERTY OF TO THE DEAT	ANTECEDENT CAUSES OR CONDITIONS, if or obave cause (A) G CONDITION lost. II IICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	any, giving stating the NTRIBUTING HE TERMINAL	(c)	A CONSEQUENCE OF:	V clesense Screelize Sty	Ny ye	16. Way	
19A. DATE OF		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSID AUSES OF DEATH?	ERED	
OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF	21B. hom etc.)	e, farm, foctory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact loc	cation)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED le At Not While At Work	21F. HOW DID I	NJURY OCCUR?	,		
22. I certify	that (1) (this haspita	l) attended th	ne deceased fram 4	7/30	19 6 7 ta	4/28	19.6 %	
	last saw the decease		11/20	196 7 and	that in (my) (aur) a	pinian death accur		
				iew the bady after deat				
23A. SIGNATU		.55 550 76, (1	, (e, (ara) (ara mar) v	The budy unter dear		23B. DATE SIGNED	,	
	artin	To the	Dhu	nding Med.	Staff Phys.	4/21	4	
23 C. PHYSICIA NAME (T	NS ALLAN	It. M.	DEGREE	23D. ADDRESS 2 E Real	ST P	ex NO ~	120-	
4A. BURIAL CRE	MATION, 24B. DATE	24C. N.A	DEGREE		LOCATION	(City, town, or county)	(Stote)	
REMOYAL	nation						10.0107	
XXXXXI	5-2-69	Lou 258. NAME C	don Park Cer		altimore, Ma		2230	
25A. DATE RECID	NY HEALTH DEPT	09.06	E. Lawei Mi	Armacost Fu	heral Chape	el-4600 Lib		
/S 150-REV. 1/1/	6 B							

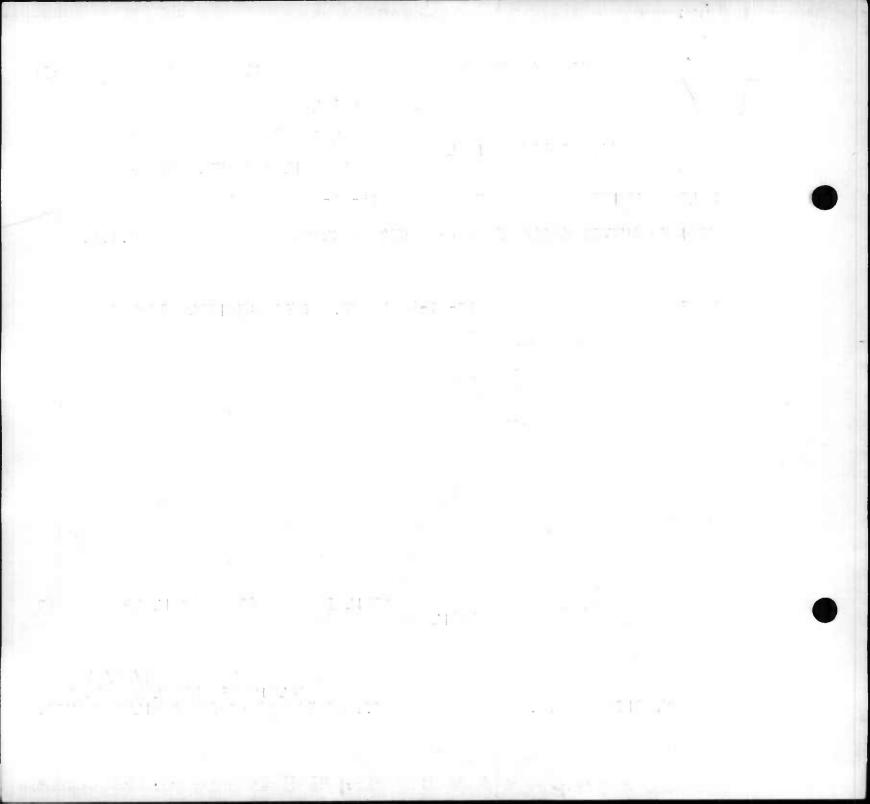
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1 - 1

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) 4-28-6 Illiam AM. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY Md UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF Baltimore HOSPITAL OR ADDRESS OR LOCATIONI C. CITY OR TOWN D. INSIDE CITY LIMITS? YES 🔀 NO E. STREET AND NUMBER 478 creek 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AOE (In years If Under 1 Y& If Under 24 His. WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) thogra 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lam 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown!) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. 212-01-2517 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, DUE TO, OR AS A CONSEQUENCE OF injury ar complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last (C). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 4-25-69 lung 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE Of INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If In Boltimere City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and that in (my) (our) apinian death occurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director ___ Phys. Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BHYTA Cathedr emeter 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1969 VS 150-REV. 1/1/68



(4)	69	453	. (HEALTH DEPARTMENT	REG. NO.	69	4538
BIRTH NO.			CERTIFICA	TE OF DEATH	NEO. 140.		
1. NAME OF DECEA				2. DATE	AND HOUR OF DEATH		
	BAKER,	FRANK,	SR		RIL 29, 1969	9 1	2:30P
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in:	stitution; resi	dence before admission
FULL NAME OF	UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	Darte A		E2-0.
HOSPITAL OR	ADDRESS OR LOCA	TION)	OHON, GIVE STREET	C. CITY OR TOWN	Da116 C		9000
				BALTIMORE	D. INSI	DE CITY LIMI	-
1/2	ST. AGNE	SHOCE	IATI	E. STREET AND NUMBER		YES X	NO [
TO	Ji. AUNL	3 11031	LIAL				
5. SEX 6.	RACE	17				1229	
148.0			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1	Yr. If Under 24 Hrs.
	WHITE	WIDOWED	DIVORCED _	11-11-80	lost birthdoy)		
done during most of wor	ATION (Give kind of work rking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slole or I	oreign country!	12. CITIZEN	OF WHAT COUNTRY
RETIRED B	BUTTER MAK	ER FO	OD PRODUCTS	ENGLAND		MYY	XXXXX
3. FATHER'S NAME			- 111000010	14. MOTHER'S MAIDEN N	4445	whi	n,nn.a
				WOLLER 2 WAIDEN M	AME		
Yes, no or unknown] (If	rer in U. S. Armed Ford I yes, give wor or dote:	es? s of servicel	SECURITY NO.	17. INFORMANT		A	DDRESS
NONE			215-01-4987	ST AGNES	HOSPITAL RE	COPDS	
18.	-7 \4		CAUSE OF DEAT		HOST TIAL IN		
La K K	0/ 0/		S CAUSE OF DEATH	1		BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEASE	OR CONDITION DIR	ECOLO D	/ m	C3			
		The laster	(A) IMMEDIATE CAU	SEJEPTIC	EMIA		2 DAYS
heorl foilure, os	meon the mode of thenio, etc. It meons	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
injuly of compli	colion which coused	deoth.	A D				4
AN	TECEDENT CAUSES	わ打	Mo TE	LVIC H	B& FSC		I wk.
DISEASES OR	CONDITIONS, if o	ny, Calving	DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the	obove couse (A)	sloling the	or D-	-1 t			3 11745
DIADEKETING (CONDITION Josi,	NE	Z (tc)	ELVIE T	KHCIUKE		WKS,
z	11	13	2) E	^			
OTHER SIGNIFICATION TO THE DEATH E	ANT CONDITIONS CON	TRIBUTING -	SHIFELI	HRTERIA	SCLEROS		You
DISEASE OR CON	IDITION GIVEN IN PART	1 (A) ~	, ,			3	172
E I A. DATE OF OF	PERATION 198 COND	DEMED	HICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CAU	NDINGS CO	NSIDERED
7/20	169	FLVIC	HRSCESC	1 110	THE CAU	ara of pra	
OR CONTRIBUTION	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimore	Cily, give ex	oct location)
DEATH (notify me	edical exomined	etc.)	11 -1	4313	101		21220
21D. TIME (N	Aonthi (Doyl , (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID IN	CILKENS H	VE.	21229
OF INJURY	1/2/10	7 PH WHI			~		
	1/3/07	/ - Worl	At Work		FELL		
22. I certify the	ot (1) (this hospital)	attended th	e deceased from A	PRIL 3	199 to APRI	L 29	19 69
	st sow the deceased		APRIL 29	60			
				UIIU	hat in (my) (aur) opini	on deoth a	ccurred an the dote
23A. SIGNATURE	om the causes state	d abave. (I)	(Me) (did) (did not) vi	ew the body after death			
23A. SIGNATURE	L.V		1~			38. DATE SI	GNED
000	signo.	> A	After Phys.	ding Med.	Stoff Phys.	04/29	169
23C. PHYSICIAN'S NAME (Type)	(1		DEGREE		TMORE, MARY		21229
W	IGNOR, M.) .		ST. AGNES HO			
			DEGREE				NS AVES.
REMOVAL (Spec		240.NA	ME of CEMETERY of CRE	MAIORY 24D.	LOCATION (City,	town, or co	unty) (Stote)
Burial	5/1/69	Lou	don Park Ceme	tery Ba	ltimore, Mary	rland	
SA. DATE REC'D BY	HEALTH DEPT.	SB. NAME OF		25C. FUNERAL DIRECTO	R		ADDRESS
MAY 2	1959	0. AF	a moreon MD	Witzker 4101			
150-REV. 1/1/68	11 11 11			Jurahval Aror	Tumonuson Ave	3 . KIKK	7

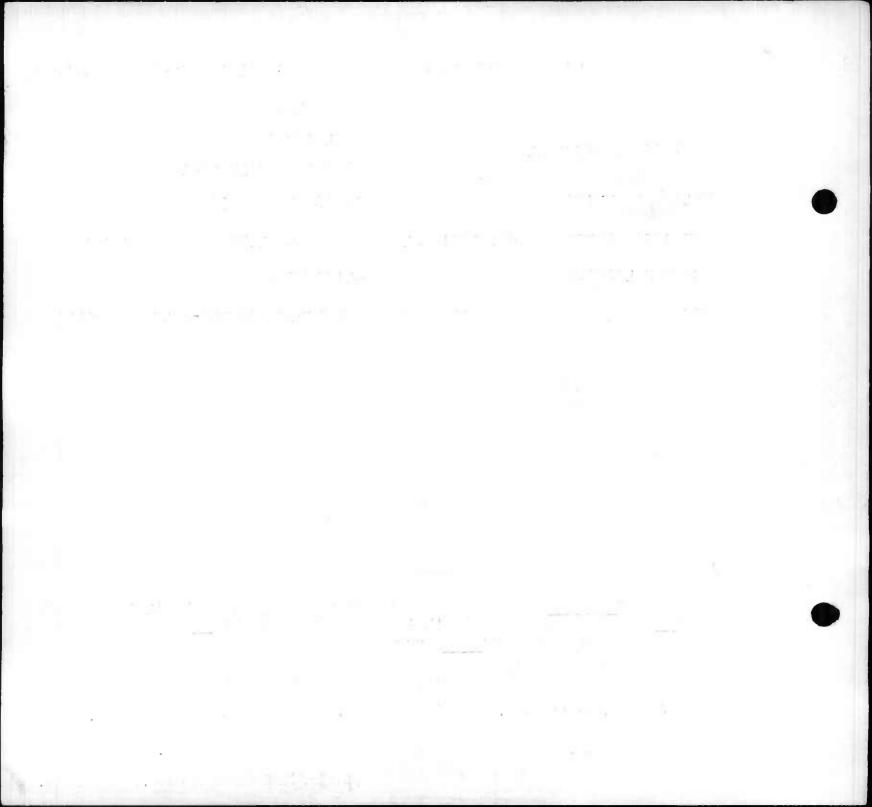


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

69	4539	BALTIMORE CITY HEALTH DEPARTMENT
UU	4000	CEPTIFICATE OF DEATH

REG. NO	. 69	4539

ST	69	45	10.7	TE OF DEA		REG. NO.	69	4539
BIRTH NO.						D HOUR OF DEA	TH	
			ERNON E.		APR	IL 30, 1	969	4:30 P
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONO	UN CED DEAD	4. USUAL RESIDEN	CE (When	e deceosed lived.	1 institution:	residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	MARYLA C. CITY OR TOWN	AND	10.1	NSIDE CITY	28-64
				BALTIM	R F	J. 1	YES T	_
/ ST A	GNES HOSPIT	AL		E. STREET AND NU				, ,,,,,
70				405 A I	EDSD	ALE ROAD		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If Und	er 1 Ye. If Under 24 His.
MALE	WHITE	WIDOWED		12 18 9:	2	76	111011111	10013
A. USUAL OCC ne during most of	UPATION (Give kind of work working life, even if refired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or forei	gn country)	12. CIT	ZEN OF WHAT COUNTRY
RETIR		MD.	NATIONAL	l M	ARYL	AND		USA
FATHER'S NA	ME			14. MOTHER'S MAIL				0 9 7
	F LEAMANN			ALICE W	EBB			
Wes Deceased	Ever in U. S. Armed Fern [III yes, give wor or dole	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT	- 00			ADDRESS
YES			217 14 544	CT ACAU	C D		ALTO	VD 01000
18. / /	2/1		CAUSE OF DEATI	6 91 (1011)	5 K	ECORDS-B	ALIU	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIR	RECTLY	1	1		•		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	LE HURHY	THIN	114		
heort foilure.	naf meon the mode af osthenio, etc. it means	the disease	//	A CONSEQUENCE OF:	******	*************		***********
injury or car	mplication which coused	deoth.)	100	9				
	ANTECEDENT CAUSES		(B) /1 5 C'C	10				
DISEASES (OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF	:	***************		***************************************
	e obove couse (A) G CONDITION last,	sloling fhe	(c)					
	11		(4)					
OTHER SIGNIF	FICANT CONDITIONS CONTINUES TO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL	CERED.	es/ THE	mil	bosis -		***************************************
OTHER SIGNII TO THE DEAT DISEASE OR CO	OPERATION 198 CONI WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	s er No)	20B, IF YES, WEI	RE FINDINGS CAUSES OF	CONSIDERED DEATH?
OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF medical examined	218 horn elc.	PLACE OF INJURY (e.g., in te, farm, factory, street, off)	or obout 21 C. WHERE	DID CUR?	(If In Bollin	nere City, giv	re exact lecotion)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW 1	ULNI DIC	RY OCCUR?		
(APPROX.)		Wh	ile At Not While					
22. I certify	that (1) (this hospital)			ARCH 29	-	969_to_A	PRII:	30 1969
	lost sow the decease		APRIL 30					
	•	and the same of		19	ond tha	t intary) (out) o	pinion dea	th occurred on the dote
23A. SIGN AT U	JRE JRE	eg apose Y	X(Me) (qiq) (qi\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)	ew the bady after	deoth.		hop DAS	TE SIGNED
111	us of.	Faren	m & Atter	nding Med.	m 5	Stoff Peri	238, DA	IE SIGNED
		1 6000000	DEGREE		Р	itaff Dirys.	1/-	30/69
23C. PHYSICIA NAME (T	ype)	-16 B		3D. ADDRESS	**			
A. RIPIAL CRE	mes G. Vance,		DEGREE	St. Agnes		. 200	ltimore	
REMOVAL (Specily)	24C. N/	AME of CEMETERY of CRE	MATORY	24D. LO	CATION	(City, town,	or county) (Stote)
Burial	5-3-69	L	oudon Park		Ba	ltimore,	Md.	
A. DATE REC'D	BY HEALTH DEPT.	25B NAME C	OF REGISTRAR D	25C. FUNERAL DI	RECTOR			ADDRESS
IMAI	E GOE S	CONTRACT TO	" ABONDON JULY	Witzke.	4101	Edmondson	ATTO	Relto Md



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69 4540 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
141551614			-	

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BIRTH NO.	EXAMINATE 2	LKIIIICA	IL OI L	LAII	REG. NO		
1. NAME OF DECEASED		2. DATE K	nown A	Month	Doy	Year	Hour
(Type or Print) ELMER J. LE	WIS	OF .	stimated	May	1, 1969		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR		3. DATE		Manth	Day	Year	Haur M.
FULL NAME OF (IF NOT IN HOSPITAL OR INST		PRONOUNCE			1, 1969		4:15 A _M
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		E USUAL DECIDE	AICE AM			:	
	(201)	5. USUAL RESIDE A. STATE		ece asea 11V	B. COUNTY	residence D	Para damission)
Johns Hopkins Hospital	(DOA)	11	aryland				0 -0 2
6. SEX 7. RACE 8. MARR	IED 🗌 NEVER MARRIED 🎞	C. CITY OR TOW		. 7	D. INSIDE CIT	A FIWILZS	
Male Negro WIDOW	/ED DIVORCED		altimore	13	YE	s 🔼 ı	NO
9. DATE OF BIRTH 10. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.	E. STREET AND	NUMBER				
5-20-1932 37		1821 N.	DUNCA	AN O	5%		
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NA	AME				
BALTINDORF MI	WHAT COUNTRY?	EdWAR	1 LE	WIS			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND		15. MOTHER'S M	AIDEN NAME	,,,,			
dong aring mast of working life, even if retired)	DICAN-CAETTURE	MARV	1 1/1	11,	AMS		
16. WAS DECEASED EVER IN U.S. ARMED FORCES	KILAN-SMELING	18. INFORMANT		~~/.	AE	DRESS	
(Yes, na or unknown) (If yes, give war or dates of service)		MARK	1 EWIS	1821	NM	NCAI	N St
18 18 DISIZ-21	CAUSE OF DEA	TU A	CENIA.	10001	11,00		PROXIMATE INTERVAL
1304,9	CAUSE OF DEA					BETW	EEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	(A)IMMEDIATE		ravenous	narc	otism		
(This daes nat mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE IO, OR	AS A CONSEQUENC	CE OF:				
Injury or complication which coused death.)							
ANTECEDENT CAUSES	(B)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEQUEN	ICE OF:			- 1	
UNDERLYING CONDITION LAST.	(C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION	()/2000000000000000000000000000000000000						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT							
DISEASE OR CONDITION GIVEN IN PART 1 (A)							
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED				21. AUTO	PSY? (Yes or Na)
0							Yes
22A. EXTERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g.,	in ar about 22C. V	WHERE DID (IF	in Baltimor	e City, give exa	ct lacation)	TES
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hame, farm, factory, street, offic	e bidg., etc.) INJUR	Y OCCUR?				
≥ 22D. TIME (Month) (Day) (Year) (Hou) 22E.INJURY OCCURRED	22F. H	HOW DID INJU	RY OCCL	JR?		
OF INJURY (APPROX.)		WHILE [7]					
23.	m. WORK L AT V	VORK L					
I certify that I held an Inquiry	Inspection Au	itapsy X an	nd that an thi	s basis,	death in my	apinion	
resulted fram; Natural causes	Ackident Suici	de Hamici	ide U	ndetermin	ned manner		
100			F MEDICAL EX				
ACTUAL (1/4 X)	d - l		NT MEDICAL EX				DATE SIGNED
SIGNATURE	M.I).					
EXAMINER'S Charles S. Sp	ringate, M.D.	ASSOCIAT	TE MEDICAL EX	AMINER	□ Ma:	y 1, 1	.969
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LC	CATION	(City, tawr	, ar caunty) (Stote)
REMOVAL (Specify) 5-5-19	1721-1	0 m 1/5 T	VAL P	NIT	ONDOE	21	/
CURIAL 3-3-61	1) ANII MOR	E (YAIIO)	NAL DI	4/-17/	NOKE	/YIO	1
- 6 0	IAME OF REGISTRAR	25C. FUNE	ERAL DIRECTOR	117	A	DDRESS	
MAY 2 1969 (12)	- Lawrey	WOSER	H KNIG	H/ 16	39 N. BI	ROAd	WAY
VS 151-REV. 1/1/68	6003	0 4 6	3 0				

1821 N. INJURA ST. ENTERNOLE MY U.S.P. Editoral LEWIS CHARE CHARER AMERICAN SHIFTING MARRY WILLIAMS YES AF DESCRIPTION OF A COST MARY LEWIS 1824 Mi DIANCES OF ELLRIAL 5-5-69 Baktimum Minist BALTIMONE MIL

Deceased Such death OD hospital of death. attendance (4) Undetermined cause; (5) Cause 40 0 prior contributing occurred isposition is made. regular deceased death = 9 Was the direct assistant 0 death 0 kind; or final attendance any pronounced Dem of A fracture the chief medical examiner embal regular who are 3 physician must be obtained before the remains death); and (6) No physician was medical burns; (2) Body the 0 þу where to the hospital nature; by approved (except any of hospital

the body was released

This certificate must

accident

0

deceased prior

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at An

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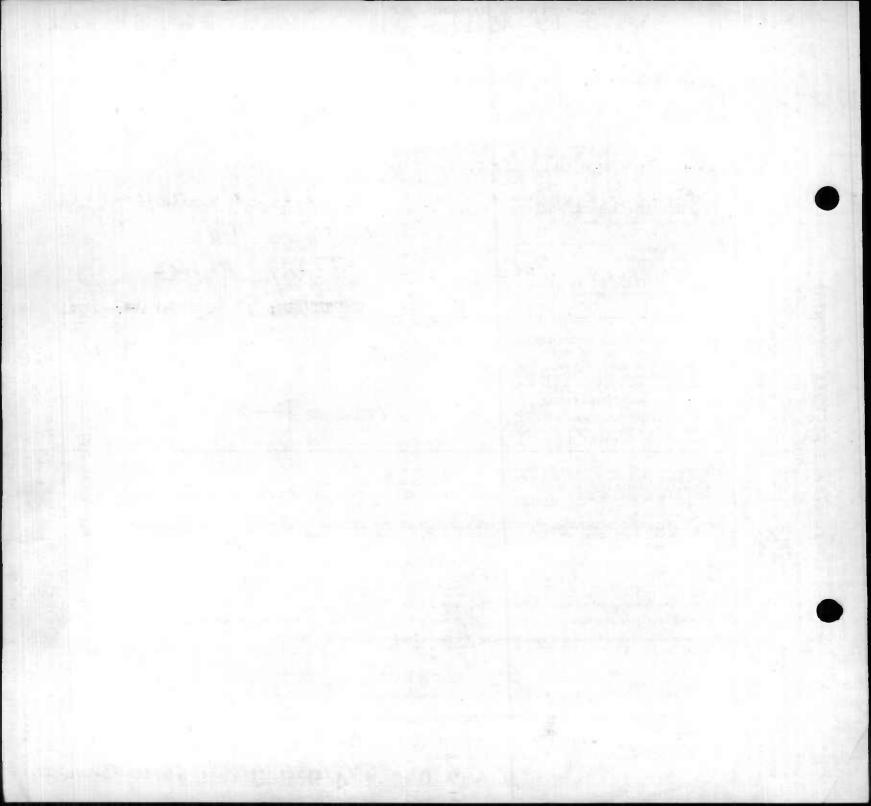
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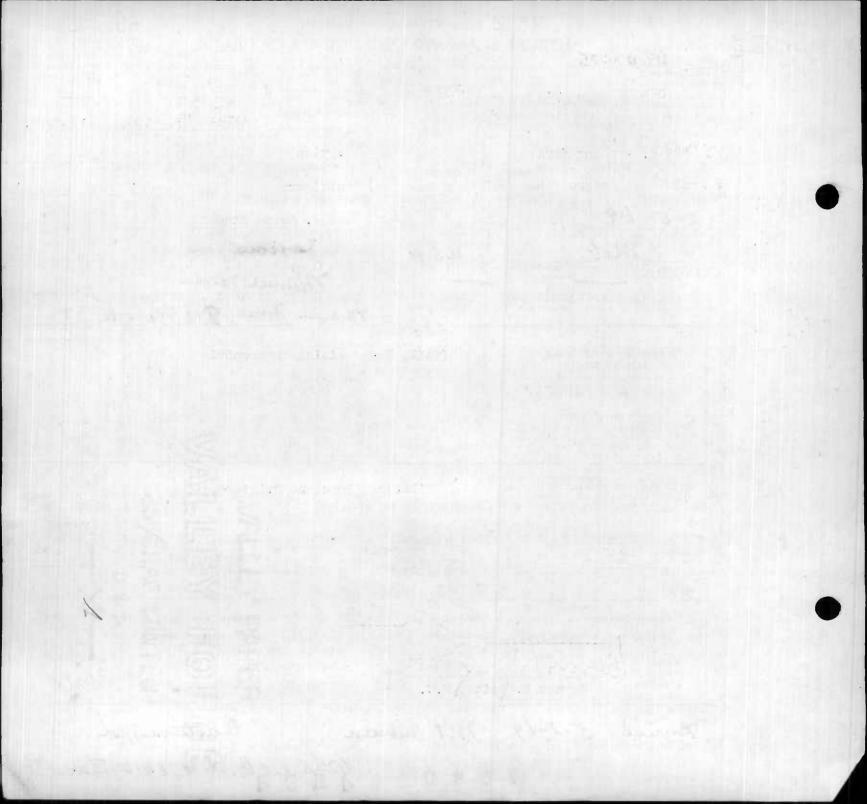
written approval

VS 150-REV. 1/1/68 \$

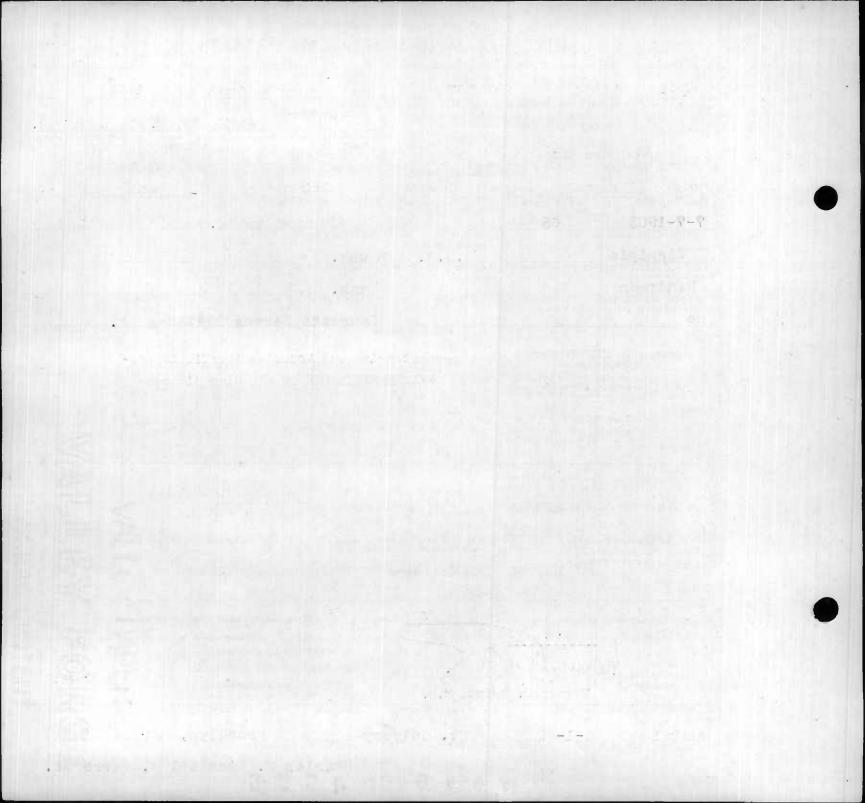
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 000 4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD institution: residence before admission) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES V NO E. STREET AND NUMBER 3 35 9. AGE (In years If Under 24 Hrs. 8. DATE OF If Under 1 Yr. Monthsi Doys NEVER MARRIED MARRIED Hours -6 10 RO WIDOWED DIVORCED 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? HOA. USUAL OCCUPATION (Give done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME OOR C. 15. Was Deceased Ever in U./S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT C 4940 EASTERN AVE BCH RECORDS: CAUSE OF DEATH BETWEEN ONSET AND DEATH Arterio-venous DISEASE OR CONDITION DIRECTLY 10 mont LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, the above cause (A) stating the la UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 0 YES 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY Not While White At (APPROX.) Work At Work 19 67 22. I certify that (this hospital) attended the deceased from... April that (we) lost saw the deceased olive an and that in (my) (our) apinian deoth accurred an the date and hour and from the causes stated above. (W) (We) (did) (did (did) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Med. Staff Director L Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 05KE OV DEGREE 24A. BURIAL CREMATION, 24B, DATE CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 3 0 0 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR FUNERAL DIRECTOR



MEDICA	L EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	704/2
BIRTH NO. 69-02005			у Б.
1. NAME OF DECEASED (Type or Print)	TONE	OF _	Yeor Hour
JEROME A.	JONES	DEATH Estimoted	N
4. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF (IF NOT IN HOSPITAL OR IN		PRONOUNCED DEAD	Yeor Hour
HOSPITAL ADDRESS OR LOCATION)	STITUTION, GIVE STREET	April 27, 196	
OR INSTITUTION		5. USUAL RESIDENCE (Where deceosed lived. If Institution: residue). A. STATE B. COUNTY	dence before odmission)
808 S. Fremont (DOA)		Maryland	1-01
6. SEX 7. RACE B. MAI	RRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LI	MITS?
male negro wido	OWED DIVORCED	Baltimore YES 🖸	No 🗆
9. DATE OF BIRTH 10.AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
2-5-69 lost birthdoy) .	Months Doys Hours Min.	648 W. Barre Street	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
ni de	WHAT COUNTRY?	Derone 11	
114A.USUAL OCCUPATION (Give kind of work) 14B. KIN	ND OF BUSINESS OF INDUSTRY	115. MOTHER SMAIDEN NAME	
done during most of working life, even if retired)	TO OT BOSINESS ON INDODING	Marie Dones	
THE PERSON OF TH	FC0 117 COCIAL	IB. INFORMANT ADDRE	cc
16. WAS DECEASED EVER IN U.S. ARMED FORC		Cat Courte Duran	40 14
		Mamel Jones, 812 Rue	APPROXIMATE INTERVAL
19. 4 4 LX	CAUSE OF DEA	TH.	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	(SDII) I	interstitial Pneumonitis	
LEADING TO DEATH	(A)IMMEDIATE C		
(This does not meon the mode of dying, e.g. heort foilure, osthenio, etc. It meons the diseose	DUE TO, OR	AS A CONSEQUENCE OF:	
injury or complication which coused death.)			
ANTECEDENT CAUSES	40)		
DISEASES OR CONDITIONS, IF ANY, GIVIN		AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	HE		
Z STOCKETH O CONSTITUTE LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION OF THE PROPERTY OF THE P	UTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TELE	RMINAL Bilate	ral Purulent Otitis Media	
DISEASE OR CONDITION GIVEN IN PART 1 (Α).		AUTORCYO (Voc or No.)
20A. DATE OF OPERATION 20B. CONDITIO	N FOR WHICH OPERATION W	AS PERFORMED	AUTOPSY? (Yes or No)
			Yes
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout 22C. WHERE DID (If in Boltimore City, give exact locate bldg., etc.) INJURY OCCUR?	otion)
UNDERLYING OR CONTRIB-			
22D. TIME (Month) (Doy) (Yeor) (H	our) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.)		WHILE	
23.			
I certify that I held an Inquiry	Inspection Au	topsy X ond that on this basis, deoth in my apir	ion
resulted from: Natural causes	Accident Suicio	de Homicide Undetermined monner	
		CHIEF MEDICAL EXAMINER	
ACTUAL MORELLA	Mast	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE 100 VO	M.C	·	4/28/69
EXAMINER'S Werner U.	Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	4/20/09
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	county) (State)
REMOVAL (Specify)	2 2411	B.A.	. 1
Devial 5-1-69	M. Carl	un Valline)	na
20.000	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	E55
MAY 2 1969 (1)	0	Charles Milkers Lb1	W. Bastro &
VS 151-REV. 1/1/6B	1-0 1 1 3-	1 1 5 3 1	

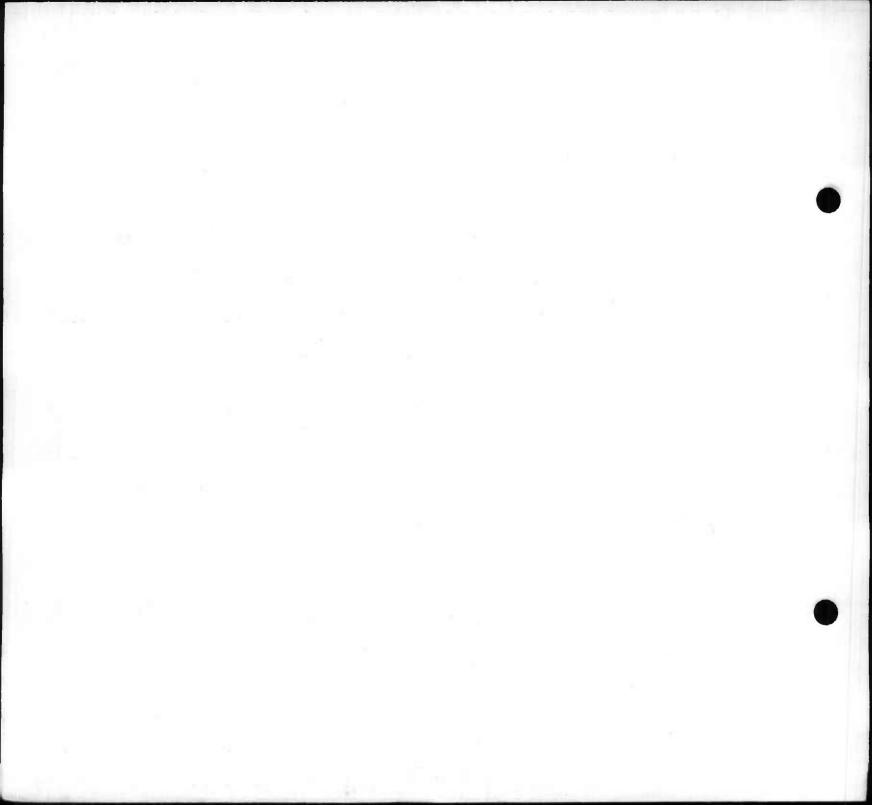


BIR	TH NO.		MLD	ICAL	LAAMIIALKS	CLKIIII	CAILOI	DLATI	REG. N	0		
1.	NAME OF DEC	EASED				2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(1A	" JAMES	EDWA	RD	CR	OCKETT	OF DEATH	Estimoted 💢	March		1969		М.
					NOUNCED DEAD	3. DATE	UNICED DEAD	Month	Doy	Yeor	Hour	
	L NAME OF SPITAL	(IF NO	TIN HOSPITA	LORINSTIT	UTION, GIVE STREET	PRONO	UNCED DEAD	April	28,	1969	8:35	Р.м.
OR	INSTITUTION						ESIDENCE (When	re deceosed liv				
0		rah An	n Stre				cyland		B. COUNT		4-0	2
	SEX	7. RACE		8. MARRIE	NEVER MARRIED	C. CITY OF			D. INSIDE	CITY LIMITS?		
	male	neg		WIDOWE			ltimore			YES X	NO 🗆	
	DATE OF BIRTI		10. AGE (In lost birthdo	v) N	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.		AND NUMBER					
	7+2+190		65		CITIZENIOE	13. FATHER	O Sarah	Ann St.				
11.	BIRTHPLACE (S		n country)		2. CITIZEN OF WHAT COUNTRY?		3 NAME					
144	USUAL OCCU	PATION (Giv	e kind of work	14B. KIND (OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
don	e during most of w	orking life, ev	en ifretired)									
16.	Handyn WAS DECEASE		U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	MANT			ADDRESS		
(Ye	s, no or unknown)	(If yes, give v	vor or dotes	of service)	SECURITY NO.	_			. La il			
-	19. / /	m 03			CAUSE OF DEA		tta Zer	vos 27	- ANDOR		PPROXIMATE INT	TERVAL
	410	7100	1		CAUSE OF BEA					BET	WEEN ONSET AN	DEATH
		E OR COND LEADING TO		CTLY	Hyperten	sive ar	d Arterio	sclero	tic Ca	rdio-		
		ot meon the		ina. e.a	(A) IMMEDIATE	CAUSE	NEXXXXX V	20011200	Dicos		*******	
	heort foilure	, osthenio, etc	, It meons the	diseose,	PALLANA AND	MANUAL PLANS	CHEMAINAIN VO	ascular	Disea	se		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,								
		NTECEDENT			(B)	AS A CONS	QUENCE OF:					
	RISE TO THE	OR CONDITION	USE (A) STAT	ING THE	DUE TO, OK	AS A CONSE	QUENCE OF:					
z	UNDERLYIN	IG CONDIT	ON LAST.		(c)							
CERTIFICATION			II									
ŏ	TO THE DEA	IFICANT CON	RELATED TO	THE TERMIN								
분		CONDITION			OR WILLOW COERATION W	AC DEDECOR				IOI ALITA	OBCVO /Van av	- NI-a)
18	ZUA. DATE OF	OPERATION	1 208. COP	ADIIION F	OR WHICH OPERATION W	AS PERFOR	VED			21. AUIC	OPSY? (Yes or	(10)
	0										No	
OICA	UNDERLYING		TRIB-	2: h	28. PLACE OF INJURY (e.g., ome, form, foctory, street, officers)	in or obout ce bldg., etc.)	NJURY OCCUR?	(If in Soltimor	e City, give	exoct locotion)		
MEDI	UTING L CA		(TH. (Yeor	·) (Hour)	22E, INJURY OCCURRED		22F. HOW DID IN	VIIIRY OCCI	IP?			
	OF INJURY (APPROX.)	() (2	(1.20)	, (1.001)		WHILE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	23.			n	n. WORK AT V	VORK						
		ify that I h	eld on I	nquiry [Inspection A	topsy 🗌	and that on	this bosis	death in r	ny opinion		
	- A TO	ted from: N		-	Accident Suici		omicide	Undetermin				
	resur	red from: IN	ordro1 cou	TA ese	Accident		CHIEF MEDICAL			:r		
	ACTUAL	11019	mel	1.(/	No.		ISTANT MEDICAL		$\overline{\mathbf{x}}$		DATE SIGN	1ED
	SIGNATI	1/-	100	-	J.M).					4/29/69)
	EXAMIN NAME (1	ype)	Werner	U. 3	pitz, M.D.		OCIATE MEDICAL	EXAMINER				1, 17
	A. BURIAL CRE/ MOVAL (Speci		4B. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D	LOCATION	(City, t	own, or county	y) (Stot	e)
-	Burial		5-1-69		Mt. Calve			Brookl	yn, N	aryla	nd	
25	A. DATE REC'D	BY HEALTH	DEPT.	258. NA	ME OF REGISTRAR	D 25C.	FUNERAL DIREC	TOR		ADDRESS		
	ind	1203	U	2	. C. Janbey M.	Ch	arles A	Rice	661	W. Ba:	rre St	•
VS	151-REV. 1/1/6E	3		1 9	5 9 0 11	0 6	5 3	5				



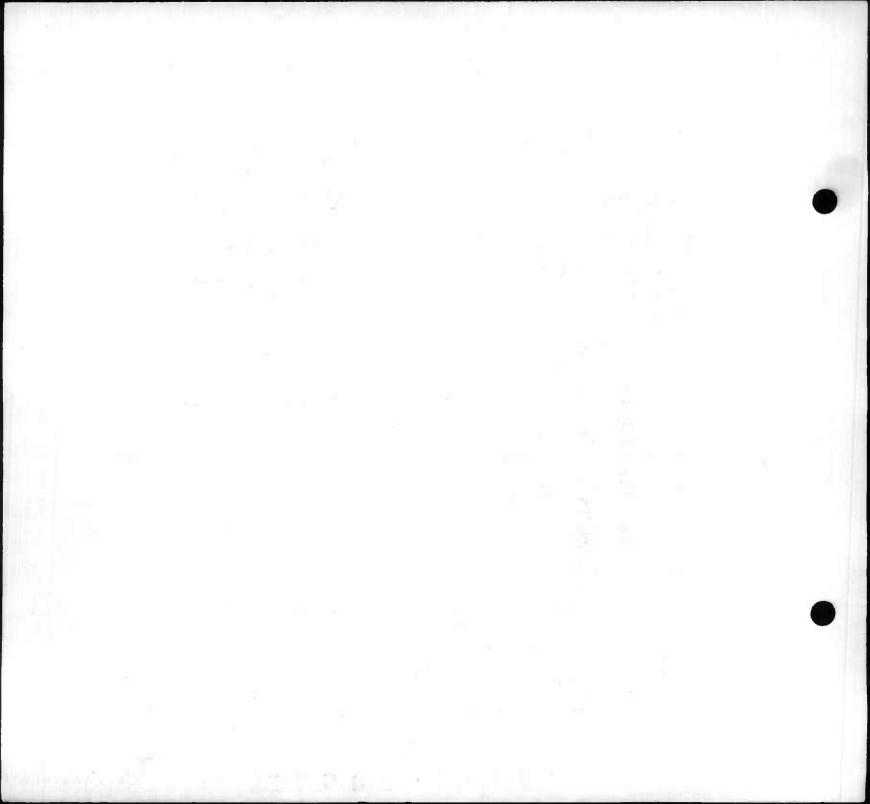
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	69 4544 CERTIFICATE OF DEATH REGING. 69 4544
	TH NO.
	PO OF DECEASED 2. DATE AND HOUR OF DEATH
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE/Where deceased lived, If institutions residence before admissional
	A. STATE B. COUNTY
II H	ILL NAME OF OF OF OF OF ONE OF THE STREET OF STREET OF TOWN OF TOWN OF THE STREET OF TOWN OF TOWN OF THE STREET OF TOWN OF TOW
	University of Maryland Hosp Severy Park D. INSIDE CITY LIMITS?
X	Baltonica M. A. E. STREET AND NUMBER
	Box361 - Rt. 2
5.	SEX 6. RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys; Hours; Min.
10	USUAL OCCUPATION (Give bind at work) OF MUSING
	to during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME
	PATHER'S NAME
15.	Was Deceased Ever in U. & Armed Forces? 16. SOCIAN 17, INFORMANY
(Ye	Was Deceased Ever in U. Armed Forces? s, no or unknown) (If yes, give wor or doles of service) 16. SOCIAT NO. 17. INFORMANT ADDRESS
-	118. CAUSE OF DEATH STEPLES MEANISM Same
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) IMMEDIATE CAUSE (On a softwe West Failure)
	heart failure, asthenia, etc. It means the disease,
	injury or complication which coused death.)
	ANTECEDENT CAUSES (B) (White arrhythmia)
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the
	UNDERLYING CONDITION lost. (C)
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING P. 11. 9
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERT	4/24/69 Giangiene Loll toot NO
CAL	27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? etc.) (If In Boltimore City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
<	(APPROX.) While At No! While At Work
	22. I certify that (1) (this hospital) attended the deceased from 4/22 19/09 to 4/28 19/09
	that (1) (we) lost saw the deceased alive on 4/2 8 19 9 and that in (my) (our) opinion death occurred on the date
	and hour and fram the couses stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Shuff Director Shuff Director Phys. 23C. PHYSICIAN'S 123D. ADDRESS 123D
	NAME (Type)
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Ofty, town, or county) (Stotel
/	REMOVAL (Specify)
25/	DATE REC'D BY HEALTH DEPT/ 125B, NAME OF REGISTRAR 125G-FUNERAL DIRECTOR ADDRESS
H	1 Valle Sayle Rall Line as O DI



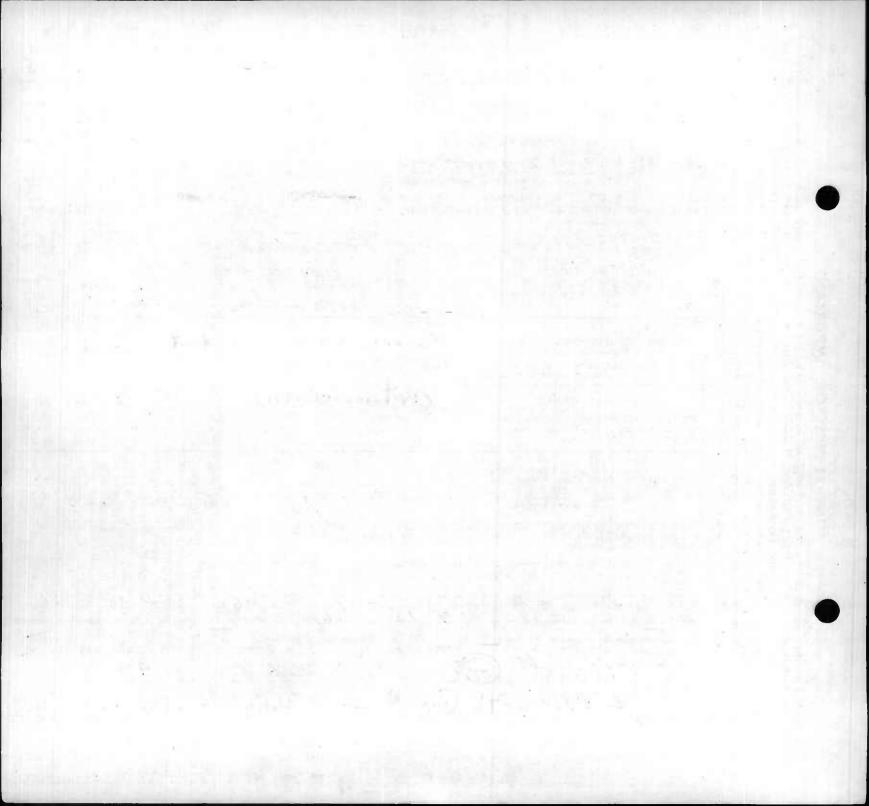
Such

	BALTIMORE CITY HEALTH DEPARTMENT
BI	RTH NO. 69 4545 CERTIFICATE OF DEATH REG. NO. 69 4545
1.	NAME OF DECEASED Flicia Felder 2. DATE AND HOUR OF DEATH POP OF Print) 130.1969 5:554
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lives, If institutions residence before admission) A. STATE 8. COUNTY
H	JUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION O, INSIDE CITY LIMITS?
	TI II Baltimore YES P NO
5	JOHNS HOPKINS HOSPIFAL E. STREET AND NUMBER Woodington Rd.
F	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 1/1. If Under 24 Hrs. Months Doys Hours Min. Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
	Lawyer Felder Mary Dukes
(Ye	Was Deceased Ever in U. S. Armed Forces? s, go or unknown) (III yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SOCIAL SECURITY NO.
	18. S 80 XI CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH ROOAL FAILURE DISEASE OR CONDITION DIRECTLY ROOAL FAILURE
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. II means the disease, Injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES FOCAL MEMbranous glomerulo nephritis 3 years
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
z	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFIC	199. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, fociory, street, office bidg., INJURY OCCUR? DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, fociory, street, office bidg., INJURY OCCUR?
MEDI	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
1	While At Work At Work
	22. I certify that (I) (this hospital) attended the deceased fram How 22 1961 to How 50 1969 that (I) (we) last saw the deceased alive an Hori 30 1969 and that In (my) (aur) apinion death accurred on the date
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGN TURB 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
24/	Jouglas 2 Kett DEGREE JOHNS HOPKINS HOSPITAL BURIAL CREMATION, 24B. DAILE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotal
	REMOVAL (Specify)
25/	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	MAY 2 1969 P. R. 15 E. 9 alber, of Gorgon in Duett F. H. 1901 LAUKENS St



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death be shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

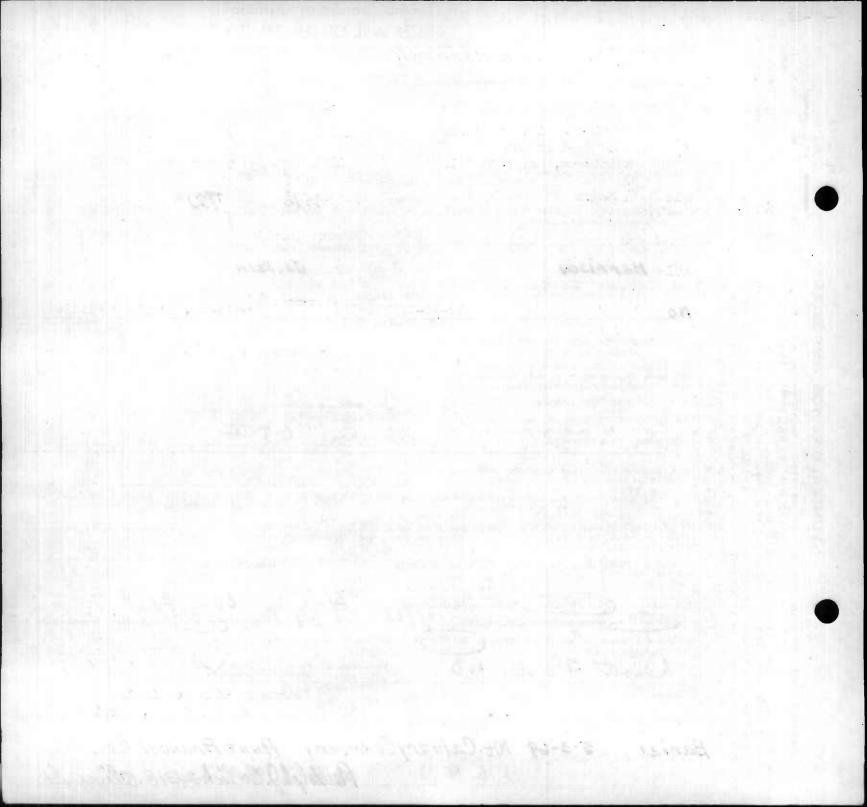
	00	AFAC	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	69	4546	CERTIFICA	TE OF DEATH	REG. NO	69 4546
I, NAME OF DECEASE	D			2. DATE AN	D HOUR OF DEATH	
(Type or Print)	James Fo	rd		4-30		11:00 Am.
3. PLACE IN BALTIMO			INCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	UTION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore E. STREET AND NUMBER		15-12 PE CITY LIMITS? YES NO
Bolton Hill	Nursing &	Convale	scent Center	3466 Park Heigh	ts Avenue	
5. SEX 6. RA			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male N	legro	WIDOWED		5-15-1906	tost birthdoyl 62	Months Doys Hours Min,
10A, USUAL OCCUPAT		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Rest Port				Winnsboro, S	S.C.	USA
13. FATHER'S NAME	- C- L			14. MOTHER'S MAIDEN NA		0.521
Will	lis Ford			Mary Ann	Ford	
15. Wos Deceased Ever	in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	I OI (ADDRESS
(Yes, no or unknown) (If y	es, give wor or dote	s of service)	SECURITY NO.	Mrs. Fannie	Ford 2466	Dawle Wataba na
18. / -	0.		251-18-5561 CAUSE OF DEAT		rora 3400	Park Heights Av
THE DESCRIPTION OF CONTRIBUTION OF CONTRIBUTIO	II IT CONDITIONS CO T NOT RELATED TO T ITION GIVEN IN PAR RATION 19B. CON WAS PER (AS UNDERLYING 5 CAUSE OF	dying, e.g., the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL TO I (A). DITION FOR V FORMED 21B. hom etc.)	(A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, or injury occurred) INJURY OCCURRED Not While	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY7 (Yes or No. 1) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU	City, give exact location)
that (1) (we) last	m the causes star	d alive an ed abave. (1)	DEGREE Phy	19 69 and the view the bady after death. Inding Med. Director 23D. ADDRESS 243 / Max	Shoff phys. and C	ian death occurred an the date 238. DATE SIGNED 4.30.69 Re. Bello WS (, town, or county) (Stote)
Burial 25A. DATE REC'D BX	5-4-	69 GOO		Cemetery W		South Carolina ADDRESS
VS 150-REV. 1/1/68	. 1444	Moleral	, c. g. work	L MOKEON &	YETT F.H.	1701 Laurens St.



53-89-68	NG	ı
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

4	1-62	5 68	454		HEALTH DEPARTMENT	REG. NO	69 4547
RIPT	H NO.			CERTIFICA	TE OF DEATH		
1, N	AME OF DEC	. Webling	EN E. F	annison	2. DATE	AND HOUR OF DEATH	1841 P M.
3. P	LACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	NCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL		stitution: residence before odmission)
HO	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN	In INS	IDE CITY LIMITS?
INS	TITUTION	Baltimore Ci	ty Hosp:	itals	Baltimore		YES TA NO T
6		4940 Eastern	-		E. STREET AND NUMBER		1.5 - 1.6 -
		Baltimore, M		#21224	1302 East I	Lafayette Ave	#21213
5. S		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male	Negro	WIDOWED		9-11-1896	(2)	12, CITIZEN OF WHAT COUNTRY?
	during most of	working life, even if retired)	TOB KIND OF	BUSINESS OR INDUSTRI	North Carol:		USA USA
12 6	Chauffe		L		14. MOTHER'S MAIDEN N		O.D.A.
11		Harrison			Laura Jacks		
1S. V	Nos Deceased	Ever in U. S. Armed Fo	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Eastern	Ave
	NO			212-10-7583	BCH Records:	Baltimore, Ma	aryland #21224
	18.	G DI		CAUSE OF DEAT			APPROXIMATE INTERVAL
	57	SE OR CONDITION DI	DECTLY				BETWEEN ONSET AND DEATH
	DISEA	LEADING TO DEATH	RECIEI		Ca les	von Coll	
	(This does	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	······································	724
		oslhenio, elc. Il meons		DOL 10, OK A3	A CONSEQUENCE OF		
		nplicotion which coused		P	1		
		ANTECEDENT CAUSES		(B) Je	rature		
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
		e obove couse (A) G CONDITION last.	sloting the	(c) Ch	mei OT		
	ONDERCIJIN	o combined last.		(0)			
ATION	TO THE DEAT	II FICANT CONDITIONS CO THE BUT NOT RELATED TO THE	HE TERMINAL				
	DISEASE OR C	ONDITION GIVEN IN PA		VHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 20B. IF YES WERE	FINDINGS CONSIDERED
ERTIFIC	A DATE OF	WAS PER	FORMED	WHICH OF EXAMON	No	IN CERTIFYING CA	USES OF DEATH?
0	21A. ACCIDE OR CONTRIBU DEATH (notify	NT WAS UNDERLYING [JTING CAUSE OF medical examiner)	21 B. hom etc.)	e, form, foctory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)
	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
1	(APPROX.)			le At Not Whi			
			Wo		7/28	69 4	1118 69
	22. 1 certify	that (1) (this haspita	l) attended th	ne deceased from	30/20	19 0 / ta /	19.04
		last saw the deceas		4/18			inian death accurred an the date
			red abave.) (me) (did) (did nat)	view the bady after deat	n.	23B, DATE SIGNED /
	23A. SIGNATU	with Fly	sten 1	Dh.	ending Med.	Staff Phys.	4/28/69
	23 C. PHYSICIA NAME (1	N'S /	/	DEGREE	23D ADDRESS	ore City Hos	pitals
		nneth Fligst	en M.D.	DEGREE			re. Maryland #21224
24A	BURIAL CRE	MATION, 248. DATE		ME of CEMETERY OF CR	EMATORY 24D	LOCATION	City, town, or county) (Stote)
1	Buria	5-3-6	9 Mt	Calvary Co	Metery F	NNE Pruno	101 Co., Md.
ZSA	MAX	2	9 6	9 0 7-	Bentelota.	Hollick 243	16, Oliver St.
1/5	150-REV. 1/1/	6R	-				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death), and (6) No physician was in regular attendance on the deceased prior to death. Such was in regular attendance on the deceased prior to death. FUNERAL DIRECTOR: IMPORTANT

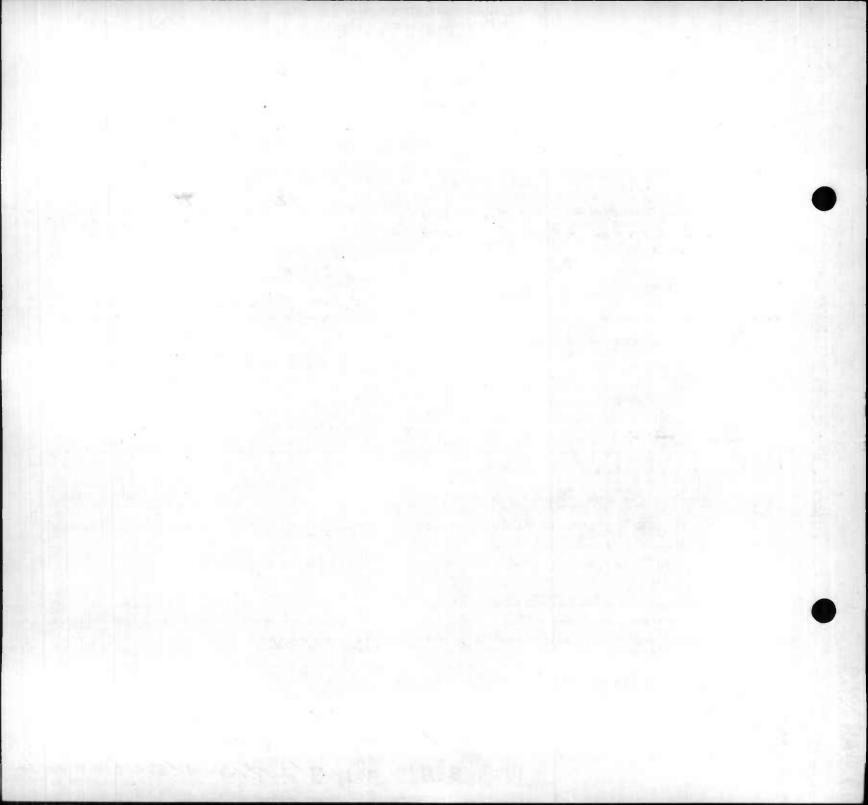
1	b9 4.740	CITY HEALTH DEPARTMENT CATE OF DEATH REG. NO. 69	454872				
		CATE OF DEATH	LARD DO				
	(Type or Pant) Porothy Pollard	2. DATE AND HOUR OF DEATH	4 20				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceosed lived. I institution A. STATE B. COUNTY	residence before admission)				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND	8-43				
		BALTIMORE D. INSIDE CITY PERS X					
. 6	33 Johns Hopkins Hospital	1213 N. ELLWOOD AVE.					
made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	lost birthday) Month	der 1 Yr. If Under 24 Hrs. s Doys Haurs Min.				
si t	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU		TIZEN OF WHAT COUNTRY?				
disposition	done during most of working life, even if relired) 13. FATHER'S NAME	No sthe Carelina	U.S.A.				
isp	2/ NA MONEY	7/12					
	15. Was Deceased Ever in U. S. Armed Forcos? (Yos, no or unknown) (II yes, give wer or doles of service) SECURITY NO.	17. INFORMANT	ADDRESS				
final	NO 312-16-5113	3 Reuben Pollard 1213 N. E.	Thursd Aug				
0	18, 48 6 1 CAUSE OF DI	EATH EATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Cardiac arrest	30 minute				
F	(This does not mean the made of dying, e.g., head foilure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:	30 minus				
mbaimed	injury as complication which caused death.)						
0	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OF	Pneumoni a r as a consequence of:	5 days				
Sare	rise to the above cause (A) stating the	NA A CONSEQUENCE OF:					
ain	ONDERLING CONDITION lost. (C).						
the remains		ronic renal disease	B ************************************				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AU TOPSY? (Yes of No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?				
before	U 21A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.	ug, in at about 21 C. WHERE DID (If In Boltimore City, g to office bldg., INJURY OCCUR?	ive exect location)				
obtained		21F. HOW DID INJURY OCCUR?					
bto	22. 1 certify that (I) (this hospital) attended the deceased fram		919				
peq	that (I) (we) last saw the deceased alive on		***************************************				
\$ 1	and haur and from the causes stated above. (1) (We) (did) (did)						
E	23A. SIGN ATURE	A 11 . 12	TE SIGNED				
9			30/69				
oro	Kevin N. H ennessey.	23D. ADDRESS					
approval must	24A. BURIAL CREMATION, 24B. DATE 24C.NAME OF CEMETERY OF	GREMATORY 24D. LOCATION (City, 10WR)	or county) (State)				
	Burial 3-5-69 Parison Mars	mister 1 amount	the seal				
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS				
11	MAY 2 1303 @ DR. C. Serbert	Wandeley Wollick 2431En	Oliver St.				

18130 2 4 2 4 3 The state of the s

FUNERAL DIRECTOR: IMPORTANT

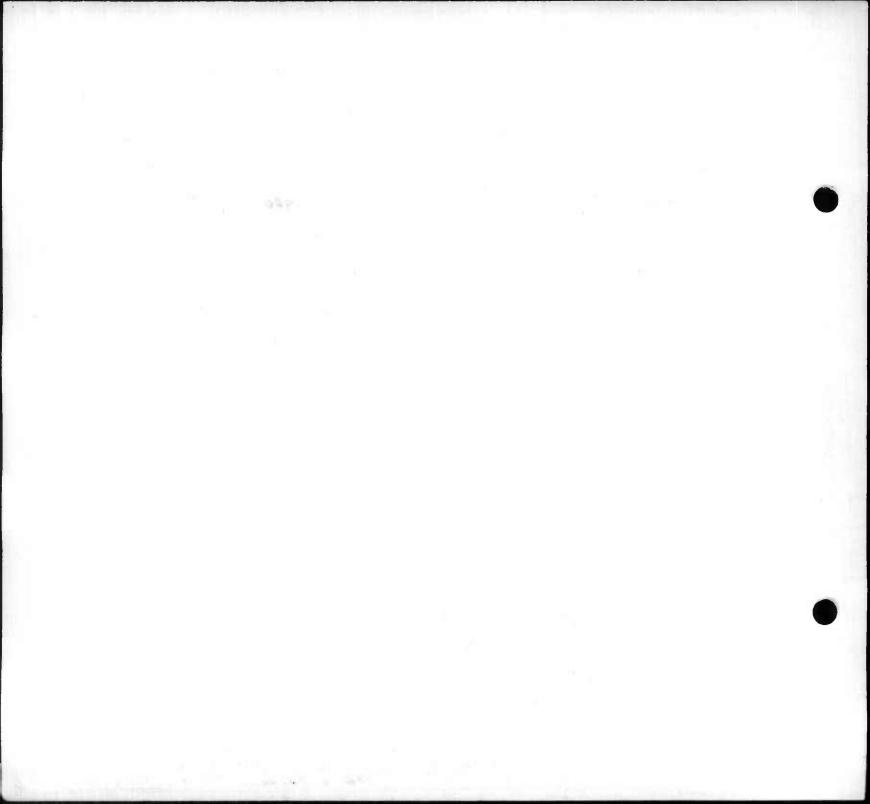
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🥼 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

69 4	549 BALTIMORE CITY	HEALTH DEPARTMENT	reg. No. 69	45A9
00 4	CERTIFICA	TE OF DEATH	REG. NO.	4040
BIRTH NO.	OEKTII TO			
THOME OF DECEASED	WM.		- 69	5-4-a m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE 8. COUN		on: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN BALT. 212	D. INSIDE CI	
Vautheran Hospital	Maryland	E. STREET AND NUMBER	oshER street	NO
S. SEX 6. RACE 7. MADE	NEVER MARRIED			Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min,
M. N WIDON	WED DIVORCED	1-1-98	7/	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN)		11, BIRTHPLACE (Stoto or foroi		CITIZEN OF WHAT COUNTRY?
Korres CHAVFFORM T	evering Co			4.54.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
SAMUOL THOMA	15	16LIA		
15. Was Decoased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give war or dates of sarvi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
20	SECORITI NO.	ENNA THON	nas 1626 W/	MOSHORST
18.4/2,41	CAUSE OF DEAT	Н		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		use certiac in	culi i as	
(This does not meon the mode of dying, heart foilure, asthenio, etc. It means the dise injury or complication which coused death.)		A CONSEQUENCE OF:	o o o o o o o o o o o o o o o o o o o	
ANTECEDENT CAUSES	A. <	· C. V.D.		
DISEASES OR CONDITIONS, if ony, gi	(B)	A CONSEQUENCE OF:		
uise to the obove couse (A) stoting UNDERLYING CONDITION lost.	. 3			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI			888887888878878878888888888888888888888	
V DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDIN	IGS CONSIDERED
198. CONDITION FWAS PERFORMED			IN CERTIFYING CAUSES	
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	21B. PLACE OF INJURY (o.g., home, form, foctory, street, cetc.)	ffico bldg., INJURY OCCUR?	(If in Boltimore City,	givo oxoct locotion)
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whi Work At Work	le 🗌		
22. I certify that (J) (this haspital) attend	ed the deceased fram	3-1	19 69 to 5	1-1-1969,
that (1) (we) last saw the deceased alive	on 5,45 AM 5-	1 19 6 9 and the	at fn(my) (odr) apinion	death occurred on the date
and haur and fram the causes stated abov	e. (1) (We) (did) (did not)	view the bady after death.	72 B	DATE SIGNED
	on · m · doegree Phy	ending Med. Director	Staff Phys.	DATE STORED
23C. PHYSICIAN'S	DEGREE Phy	23 D. ADDRESS	Phys. —	
NAME (Typo) REZA BAL	ADURI M.D.	Lutheran Hos	pital of Mery	lond
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. L	-	vn, or county) (Stoto)
Burine 5/5/69	MJ AUBL	nn 13	ALTUMD)	
25A. DATE REC'D BY HEALTH DEPT. 258. NA	S 9 0 0	25C. FUNERAL DIRECTOR	Hay 1 638 n	6. Lmun St
VS 150-REV. 1/1/68			1.1700000000000000000000000000000000000	



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5-431-	69 4550 BALTIMORE CITY HEALTH DEPARTMENT 69 4550
and sed the the	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
death death eased n the Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
pital and of death Deceased on the ath. Such	ADA. J. Shoultz May 1st 19691 9:30 AN
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decesed lived, If institution to to define admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
in in ing caus	Haryland General Hospital Baltimore YES NO
0	2707 Rosedale St.
Tringge	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 6. Months Doys Hours Min.
T of E	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
or or diffi	None VA. U.S.A.
rect (4) U (4) U the ispos	13. FATHER'S MAIDEN NAME
directly (4)	Harrison Robinson Blanche Brown
8 0 8 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT WM. SHOULT Z ADDRESS
ssist the the dec nce	No Husband on ADM SAME
	18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
lso of of other	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Terminal wrema 1 year
miner or niner. Al fracture o prono gular at	(This does not meon the made of dying, e.g., heart latiture, osthenia, etc. it means the disease,
examiner. xaminer.) A fractu who pro regular are emba	injury ar complication which caused death.)
A fr Who reg	DISEASES OR CONDITIONS, if any, giving (B) Multiple my alone DUE TO, OR AS A CONSEQUENCE OR
0 77	rise to the obove couse (A) stating the
medical nedical burns; () hysiciar n was i remains	UNDERLYING CONDITION last. (C)
medical medical burns; physicia an was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL I DISEASE OR CONDITION GIVEN IN PART 1 (A).
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
the od	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ope 2 be	21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exocl facotion) OR CONTRIBUTING CAUSE OF Indiano, form, foctory, street, office bidg., INJURY OCCUR?
== - 6 6	S DEATH (notify medical examiner) elc.)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2 - 200	While At Work
	22. I certify that (I) (this hospital) attended the deceased from 94/07/ 1969 to 05/01/69 19
T 0 0	that (1) (we) last saw the deceosed alive on 04/20/65 19 and that in (my) (aur) opinion death occurred on the date
sed that of the catholical part of the cathol	and hour and fram the causes stated obave. (1) (We) (did) (did not) view the body after death.
S P P P E	23B, DATE SIGNED
a cc	23C. PHYSICIAN'S NAME (Type) 23D. Address Attending Med. Shoff Director Phys.
y was r y) An ac).A. at c d prior	China- Hui Tan Mid. Hands of the lite &
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Slole)
Sod Oct.	
This certiful the body shows: (1) was D.O weitten a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR G.R. BAILEY ADDRESS
₹ 0 ₹ 0 ∓ 4	VS 150-REV. 1/1/68



5-1542

69 4551 BALTIMORE CITY HEALTH DEPARTMENT

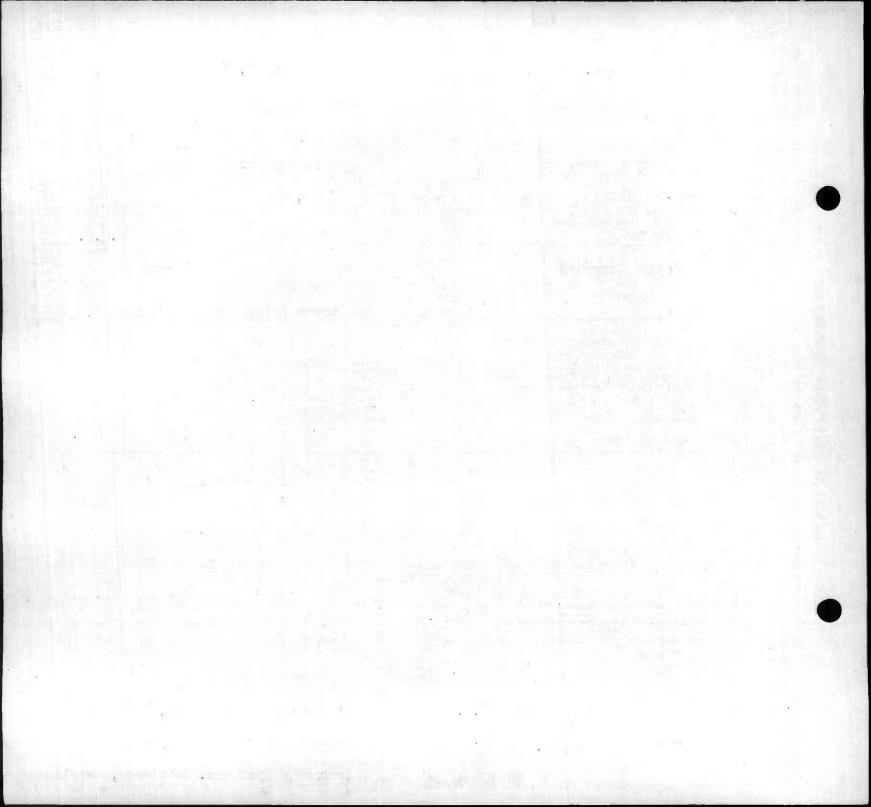
MEDICAL	EVALAIN IEDIC	CERTIFICATE	OF	DEATH
MEDICAL	EXAMINER 5	CERTIFICATE	Or	DEATH

2		MED	1CAL		LTIMORE CITY HI			DEA	TLI	69	4551	
BIRTH NO.		MED	ICAL	. []	MINER'S	CEKTIFF	CATE OF	DEA	REG. N	0	201930	
1. NAME OF DEC	EASED					2. DATE OF	Known 💢	Month	Doy	Yeor	Hour	
		HEWS		MUELS		DEATH	Estimoted	4	30	69	8:30	ам.
4. PLACE IN BAL						3. DATE	UNCED DEAD	Month	Day	Yeor	Hour	
FULL NAME OF HOSPITAL		T IN HOSPITA		IIIUIION,	GIVE STREET			April	30.	1969	8:30a	
OR INSTITUTION						5. USUAL R A. STATE	ESIDENCE (Where	e dece o sed	lived. If institut		pelore odmissi	on)
Miniv	ersity	Hespit	a1				aryland		B. COUNT		1-0	2
6. SEX	Prsity 7. RACE	Modern	8. MARR	IED N	EVER MARRIED	C. CITY OR	TOWN	1-	D. INSIDE	CITY LIMITS	?	
Male	Color	hor	WIDOV		DIVORCED	Ba1	to			YES 🔯	NO 🗆	
P. DATE OF BIRT		10. AGE (Ir	yeors	If Under	1 Yr. If Under 24 Hrs	E. STREET	AND NUMBER			163 661	140	
11-4-	93	lost birthdo	()	Months:	Doys Hours Min.		100/ **	0				
1. BIRTHPLACE (S	-	in country)		12. CITIZ	EN OF	13. FATHER	1034 W.	Sara	n Ann S	Γ.		
S.C.		,,, ,,		TTWHA	T COUNTRY?	TO. I ATTIEK	N. o.	0	7 -			
	DATIONIC:	- 1.2 - 1 - (1)	AR VINIT		• A • INESS OR INDUSTR	VIS MOTUE	Kaylup	Samu	els			
lone during most of v			140. KINL	OF BUS	IIAE22 OK IIADO211	MOIHE						
							Polly	Wilso	on			
6. WAS DECEAS Yes, no or unknown	ED EVER IN	U.S. ARMED	FORCES of service	5? 17.	SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS		
no	, , , , , , , , , , , , , , , , , , , ,			21	49881616	Ruth	Fox	103	4 Sara	h Ann	St.	
19.	0.4				CAUSE OF DE						APPROXIMATE INTE	
DISEAS	E OR COND	ITION DIDE	TIV		Antonios	alomoti	c cardiov	00011	or dico		WEET ONSET AN	DEATT
	LEADING TO		.11.1				c cardiov	ascul	ar disc	ase		
(This does n	ot mean the	mode of dy	ing, e.g.,		(A)IMMEDIATE DUE TO, OR	AS A CONSEG	UENCE OF:					
injury or con	, osthenio, etc nplication whi	. It meons the ch coused dec	diseose, th.)									
	VIECEDENT				(B)	45 4 600/55	0.000					
RISE TO THE	OR CONDITI	ONS, IF ANY USE (A) STA	, GIVING ING THE		DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYIN	G CONDIT	ION LAST.			(C)							
<u> </u>		II										
OTHER SIGN	IIFICANT COI	IDITIONS CO										
	ATH BUT NOT CONDITION						*					
20A. DATE OF					ICH OPERATION W	AS PERFORM	\ED			21. AUT	OPSY? (Yes or	No)
5 1,												
₹ 22A. EXTER	NAL CAUSE	MAC		228 DI A/	CE OF INITIDAL's a	:b1	OC WHERE DID	/// - D - lat	Clh. st.		Parti	al
UNDERLYING				home, far	CE OF INJURY(e.g. m, foctory, street, offi	ce bldg., etc.)	NJURY OCCUR?	(It in Boltin	nore City, give	exoct locotion)	
☐ UTING ☐ CA	USE OF DEA	ATH.										
22D. TIME OF INJURY	(Month) ([oy) (Yeor) (Hou	1	NJURY OCCURRED		2F. HOW DID IN	JURY OC	CUR?			
(APPROX.)				m. WHILE		T WHILE						
23.												
I cert	ify that I h	eld an I	nquiry [In	spection DA	utopsy ZZ	and that on t	his basi	s, deoth in r	ny apinian		
resul	ted from:	latural cau	ses 🔯	Accid	dent Suici	de H	omicide 🔲	Undeter	nined manne	er 🔲		
	7 T	Vr	7	1) (CHIEF MEDICAL I	EXAMINE	R 🗌			
ACTUAL	TIL	1~1	11/	V		ASSI	STANT MEDICAL	EXAMINE	R XX		DATE SIGN	ED
SIGNATI		-	1		M.	D.						
EXAMIN NAME (1		Tr-	land.	TP 1.1	dilgon M. T		OCIATE MEDICAL I	EXAMINE	,	4/30/	60	
24A. BURIAL CRE		4B. DATE	ward	24C. N	ilson M.I	or CREMATO	DRY 24D	LOCATIO	N (City to	own, or count)
REMOVAL (Speci												
Burial		5-4	-69			Cemete		Barl	ingtor	1, S.C	•	
25A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF	REGISTRAR	25C.	FUNERAL DIRECT	OR V. F	. Bail	ADDRESS		
	MAY 2	1569	0	0.4	E 30 Be	1 Months	lson F.H				Street	
/S 151 PEV 1/1/69			1 VI		9 0	1 0		3				
5 151 PEV 1/1/AS			1 3	34.3	9 60 1	6	- 2 2	3				

69 4552 BALTIMORE CITY HE	ALTH DEPART	MENT		1/		
MEDICAL EXAMINER'S (DEAT	H	69	4552
BIRTH NO.				REG. NO.		
1. NAME OF DECEASED	2. DATE	Known 5	Month	Day	Yeor	Hour
(Type or Print) MARY HULL	OF	Estimoted	4	30	69	2.200
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH 3. DATE		Month	Doy	Yeor	3:30a
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		ICED DEAD				
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	C USUAL DES		pril	30.	1969	3:30 a
	A. STATE	IDENCE (Where	deceosed I	B. COUNTY	n: residence b	etore odmission)
Ol City Hospital		Maryland		AA	9	1-00
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		SVille)		D. INSIDE C	ITY LIMITS?	
	(Gare					
Female Colored WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AN	XXXXXXX		Y	ES L N	10 🕅
lost birthdoy) Months, Doys, Hours, Min.	E. SIKEEL AIN	IN INOMBER				
7-18-17-4-3 25	Вс	ox 62 Mud	dv Cr	eek Rd.		
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FAT/IER'S	VIAME .	1 3	- 11/1		
WHATCOUNTRY?	1.610	11/18/	M	OUCH	100	1/
14A.USUAL OCCUPATION (Give kind of work 148, K) NO OF, BUSINESS OR INDUSTRY	VIIS MOTHER'S	MAIDEN NA	IF JUL			
done during most glovosting life, even if retired)	60		11	1111	111	
CAON THERETONE	Chmi	2766	191	ul		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMA	NT'	11 , 1	Mar. A	DDRESS	1 ms
	HON	Wal 1	4111	KENIS	entil	orlike
19 CAUSE OF DEA	TH					ROXIMATE INTERVAL
12-81711					BETWE	EN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH (A)IMMEDIATE C	CAUSE Multi	iple blur	t ini	uries co	omplica	ted
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	*XXXXXXXXXXXX	MXXXX				
injury or complication which coused death.)	har cor	tiaomia				
		oticemia				
ANTECEDENT CAUSES (8)	AS A CONSEQU	IENCE OF				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AJ A CONSEQU	ENCE OF:				
Z UNDERLYING CONDITION LAST. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS DEDECTIME	3			21 AUTOE	SY? (Yes or No)
O CONSTITUTION OF WHICH OF EXAMENT W	AS TERT ORME				21. 40101	311 (100 01 110)
					No	
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 220	WHERE DID (If in Soltime	re City, give ex	oct locotion)	2 22
- XX					0	0-00
TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED		Jnknown How did IN	URY OCC	UR?		
OF INJURY WHILE AT NOT	WHILE					
	VORK TXX	Subject i	nvolv	ed in au	ito acc	ident
23.						
I certify that I held on Inquiry Inspection XX Au	itopsy 🔲	ond that on th	is bosis,	death in my	apinion	
resulted from: Natural cousesAccident XX Suicid	de Hom	icide 🗌 📗	Indetermi	ined manner		
	CH	IIEF MEDICAL E	XAMINER			
ACTUAL A D M / / / / /		ANT MEDICAL E		XX		DATE SIGNED
SIGNATUREM.D).					
EXAMINER'S	ASSOC	IATE MEDICAL E	XAMINER			00 101
NAME (Type) Edward F. Wilson, M.D.		,	061-16			30, 1969
REMOVAL (Specify) 24B. DATE 24G-NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION	(City, tow	n, or county)	(State)
BINIA 53-1969 MARES)	1	111	1114	1	11/1.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C EII	NERAL DIRECTO	10		DDRESS	100
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MAY 2 BBS CO & E Sanger,	10 W.1	lea,	11/15	lest,	ten	PRIME

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de	900	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on	or t	DAG
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decea:	M	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. So	written approval must be obtained before the remains are embalmed or final disposition is made.

	69	A FED BALTIMORE CITY	HEALTH DEPARTMENT	00 4550			
	00 4	1553 CERTIFICA	TE OF DEATH REG. NO	69 4553			
	RTH NO.	CERTITION	2. DATE AND HOUR OF DEATH				
	Ruby A. Baseman		May 2, 1969	13:20 A.M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If	institution: residence before admission)			
F	JLL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland	26-42			
11	ISTITUTION ADDRESS OF EGGATION			SIDE CITY LIMITS?			
	2		Baltimore E. STREET AND NUMBER	YES NO NO			
10	4628 Asbury Ave		4628 Asbury Ave				
5.	SEX 6. RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.			
F	emale White widow	WED DIVORCED	April 16,1894 75	30,5			
	A. USUAL OCCUPATION (Give kind of work 10B. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
do	ne during most of working life, even if retired)		Manyaland	U.S.A.			
120	Housewile FATHER'S NAME		Maryland	U . S . A .			
11							
	Joshua Merryman		Вс	one			
15 (Y	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	No	None	Mr George B Baseman	Same			
	18.412.21	CAUSE OF DEAT	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Tober	1 0	of Dean			
	(This does not mean the made of dying,	(A) IMMEDIATE AND	istice arginia	/ day			
1	heart failure, asthenia, etc. It means the dise		S A CONSEQUENCE OF:				
H	injury or complication which caused death.)	1.1	1 4.0110				
	ANTECEDENT CAUSES	(B) Arlere	esseleratio - Hesease				
	DISEASES OR CONDITIONS, if any, gi		Tensing C-Valuesus a Che Myocar atig				
	UNDERLYING CONDITION last.	(cx/Xexper					
	II						
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		Drain and drain				
O LA	[TO THE DEATH BUT NOT RELATED TO THE TERMIT (DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL AUZV	July syndional				
10	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?			
CEPTIEIC							
140	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, oetc.)	ffice bldg., INJURY OCCUR?	ore City, give exact location)			
1	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
1 44	OF INJURY (APPROX.)	While At Not Whi					
		Work At Work	17 68 Ch	1011 2 10			
	22. I certify that (1) (this hospital) attend	1/3.	1900 to				
	that (I) (we) lost sow the deceased alive	on Malf	09 6 4 and that in(my) (plnion $oldsymbol{g}$ eoth accurred an the date			
	and haur and fram the causes stated above	view the bady after death.					
23A, SIGNATURE 23B, DATE SIGNE							
	CALL HARA TO	A Ath	ending Med. Staff Phys.	May 2 1464			
	23C PHYSICIAN'S	/ OF GREE	23D. ADDRESS				
	NAME (Type)	AMD	1706 Hamfand Dd Dalti	Manysland			
2	Harold V Harbol	C. NAME of CEMETERY OF CR	4706 Harford Rd Baltimore	City, town, or county) (Stote)			
12	REMOVAL (Specify)		the state of the s				
	Burial 5/5/69.	Gardens Of Fait		ryland			
2:	SA. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	MAY 2 1969 12.9.	16 69 0 000 Pe	Jeonard J Ruck Inc. Bal	timore, Maryland			
L	150-REV. 1/1/6B		-4345				



	CO AFF 4 BA	ALTIMORE CITY	HEALTH DEPARTMENT	S	9 4554
1	69 4554 c	ERTIFICA	TE OF DEATH	REG. NO.	0 4002
1110	RTH NO. NAME OF DECEASED 2, DATE AND HOUR OF DEATH				
	Type or Print) CONCEPCION DELC	SADO	MA	V 1, 196	913 Am
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		MARYLAND 9-02 C. CITY OR TOWN D. INSIDE CITY LIMITS?		
	LIMION HEMORIAL HOSPITAL		E. STREET AND NUMBER		
	77		1625 ARGONNE DRIVE		
1	SEX 6. RACE 7. MARRIED NEVE	ER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	TENALE W WIDOWED	DIVORCED	12-14-04	644.	
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINES	SS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Secretary		CW3N Cuba		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	EMILIANO DELGAD	7)	ANGELA	PONS	
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	CIAL URITY NO.	17. INFORMANT		ADDRESS
	No -	ORITI NO.	Span Span	ish Apostolat	e,204 E. 25th St. Balto. Md.
1	18. 1 4. 4 1 A 2 50 9CA	AUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH (A) IMMEDIATE CAUSE FUTUR Gaugiene.				
	(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,				
	injury or camplication which caused death)				
	ANTECEDENT CAUSES (B) Meseuteric Thrombosis				
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: rise la lhe abave cause (A) slating the				
	UNDERLYING CONDITION last. (C).				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Diabete Mullitus of Cu of Belace				
	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES/WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING [1] 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)				
	OR CONTRIBUTING CAUSE OF home, form, etc.)	OF INJURY (e.g., in foctory, street, off	or obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
	O 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY While At (APPROX.)	Not While	21F. HOW DID IN	IJURY OCCUR?	
	22 Loverify thes (I) (this hasnital) attended the deceased from the city of the All All All All All All All All All Al				
	22. I certify that (I) (this haspital) attended the deceased fram April 28 th 1969 to the Mary Late 1969, that (I) (we) last saw the deceased alive an MAY, Let 1969 and that in (my) (our) apinian death occurred on the date				
	and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE				
	23A. SIGNATURE Attending Med. Director Phys. Attending Director Phys. Attending Director Phys.				
	Pius W. Cho 23D. ADDRESS Union Memorial Hospital				
	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY of CRE	MATORY 24D.	LOCATION (City	, town, or county) (Stote)
		edeemer C		Baltimore,	Md .
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDR					

12-14-04 6+4 CURR EMILLAND DELGADO ANGELA PONS Twell the winder that and plant the superior

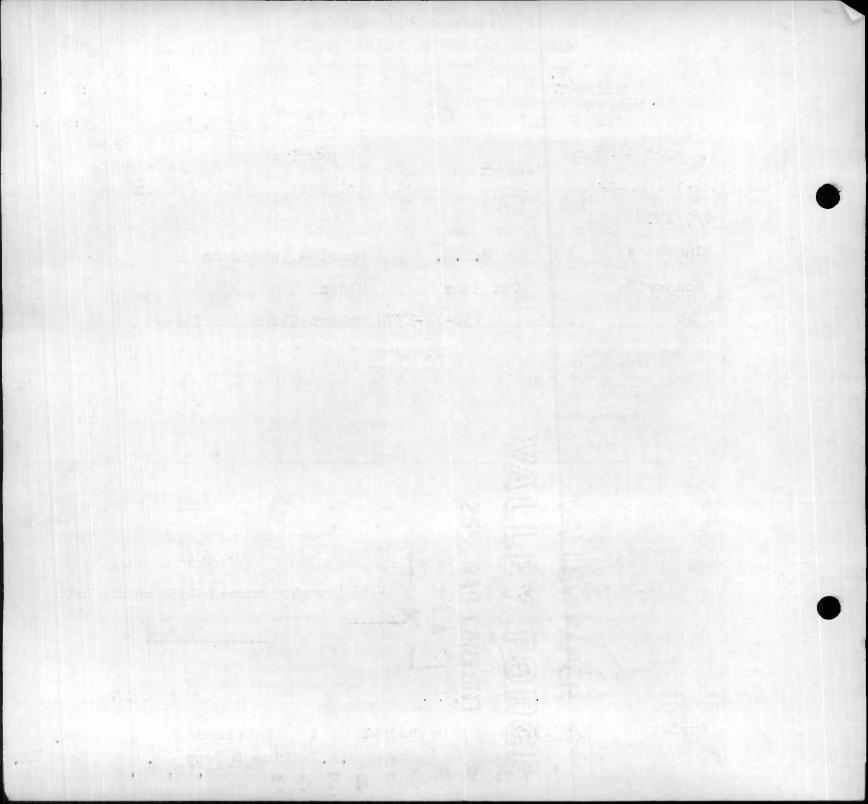
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69 4555 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CEPTIFICATE	OF	DEATH
MEDICAL	EVAMILLER 2	CEKTIFICATE	Or	DEATH

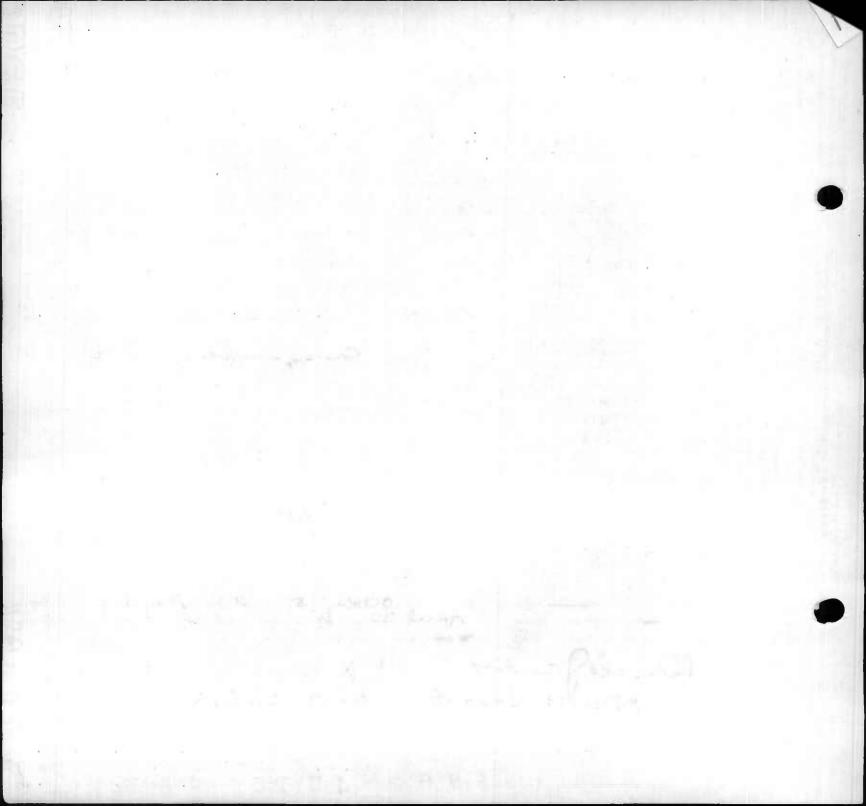
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BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED P.	2. DATE Known Month Day Year Hour
(Type or Print) PATRICIA/SLOAN	DEATH Estimoted May 1, 1969 6:30 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 1, 1969 6:30 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
SINAI HOSPITAL	A. STATE Maryland B. COUNTY 27-14
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YESTE NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	s. E. STREET AND NUMBER
9/7/1912 lost birthdoy) 56 Months Doys Hours Min	4 Upland Road
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Minnesota WHAT COUNTRY?	Charles Patterson
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Housewife Own Home	Clome
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 056-16-17	7). Pohomb Gloom (G)
19. CAUSE OF DE	APPROXIMATE INTERVAL
12-7/01/ Duranis	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Drowni	
(This does not mean the made of dying, e.g., (A)IMMEDIATE DUE TO OP	CAUSE R AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	A RO R GOTTOL GIT.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OF	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF.
UNDERLYING CONDITION LAST. (C)	
E	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 204. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes or No)
O DATE OF OFERATION 2001. CONDITION FOR WHICH OFERATION V	TANDEST (CONTROL
	yes yes
22A. EXTERNAL CAUSE WAS UNDERLYING UNDERLYING OR CONTRIB- 22B. PLACE OF INJURY (e.g. home, form, foctory, street, off	o., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) lice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) 22E.INJURY OCCURRED	Bathtub- 4 Upland Road 🛛 /
OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX.) May 1,1969 Unk. m. WORK AT	work X Probably drowned while washing hair
23. I certify that I held on Inquiry Inspection A	ond that on this basis, death In my opinion
resulted from: Natural couses Accident Suic	ide Homicide Undetermined monner X
ACTUAL A LA DILLA MA	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MAN ME M.	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S / Populd N Fornhlym M D	ASSOCIATE MEDICAL EXAMINER 5 /2 /6 0
NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER)	5/2/69 Y or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 5/5/1969 New Cathed	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	M.W. Jenkins & Sons Co. 4905 York Rd.
MAY 2 1969	Balto 12. Md.
VS 151-REV. 1/1768	0 4 5 4 7



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 4	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 4550
69 4	CERTIFICA	TE OF DEATH	REG. NO	69 4556
BIRTH NO.			D HOUR OF DEATH	
Type or Print)				70
	MO GO FORECASED OF PARIAL IIII AN B JONES ACE IN BATTINGRE MARTIAND, WHERE PRONOUNCED DEAD ACE IN ANTICOPY OF OUR PRONOUNCED DEAD ACE IN ANTICOPY OF OUR PRONOUNCED DEAD ANAME OF GIVEN TO THIN THIND OF A DIVER MARRIED HOUSE IN the Prince N. HOME 2525 Belvedere Ave. ARRIED NEVER MARRIED BATTI 2, 1885 ACE OF MARRIED NEVER MARRIED MIDWED DIVORCED APP11 2, 1885 ALL COLLY TO FLOWN BATTI 2, 1885 ALL COLLY TO FLOWN COLLY A TO FLOW OF A DIVORCED APP11 2, 1885 AND AND AND A DIVORCED APP11 2, 1885 AND AND A DIVORCED APP11 2, 1885 AND AND A DIVORCED AND A D	institution: residence before admission)		
		IY	17/11	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		D IN	SIDE CITY LIMITS?	
	a a W IIawa		D. 114.	
	DOUBLE STREET AND HOUR OF DEATH MRY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	125/24		
2525 pervedere A	ve.	2008 Touriso	A 37.0	
6. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	= =	April 2,1885	84	Womas Doys Hours Will.
OA, USUAL OCCUPATION (Give kind of work 10B, KH			gn country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Housewide	Own Home	Maryland		USA
3. FATHER'S NAME			A E	
John W. Jones				
	114 506141			ADDRESS
Yes, no ar unknown) (If yes, give war or dates of se		17. INFORMANT		WDDKF22
No	212-40-545	5 Mrs. Harvey	Jones 6	27 Dunkirk Rd.
18. 4 12 31	CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CA	.0	
	(A) IMMEDIATE CA	USE Coronary em	afficence,	4 mbs
heart failure, asthenia, etc. It means the dis	seuse,	A CONSEQUENCE OF!	V	
ANTECEDENT CAUSES	(B)	***********************	~ 4~ 4 = 4 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 =	
	911119	S A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.				
II.				
	INAL			
19A. DATE OF OPERATION 19B. CONDITION		20 A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED
		no.		TO SEATH.
OR CONTRIBUTING TO CAUSE OF	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	are City, give exoct location)
DEATH (notify medical examiner)				
Q 21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not Wh	ile 🗍		
			-// N	(C)
	40.00	0 10		
that (1) (we) last saw the deceased alive	e an March	19 67 and the	it in (my) (good) ap	inian death accurred an the date
and haur and from the causes stated abo	ive. (1) (Ne) (did) (did nat)	view the bady after death.		
23A SIGNATURE	1			23 B. DATE SIGNED
I Danald Jane	ph ph			5-2-69
23C. PHYSICIAN'S	C		^ 1	^ /
	-	1 9	rtord	1 ld
24A. BURIAL CREMATION, 24B. DATE 2			CATION (C	City, town, or county) (State)
REMOVAL (Specify)	A STREET OF THE	400		
	Druid Ridge	Pike	esville,	Balto, Co. Md.
25A. DATE RECYCLY HEALTS DEST. 25B. N.	AME OF REGISTRAR	M. W. Jenkin	ns Sons C	
100	9/26.09 4.000 A			Balto, 12, Md.
VS 150-REV. 1/1/68		1 74 40 113		

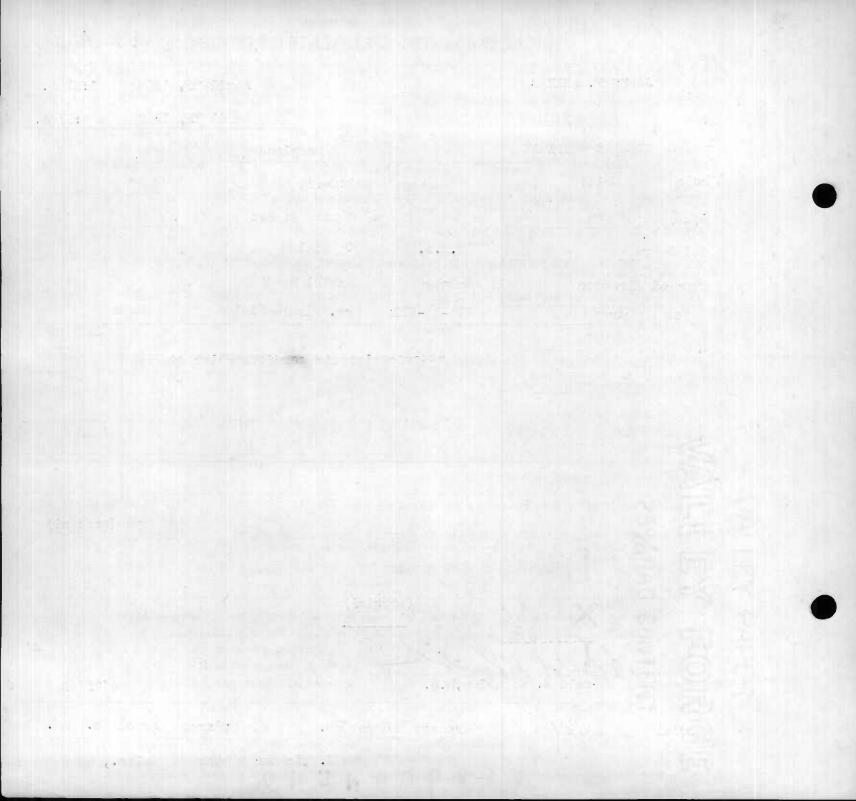


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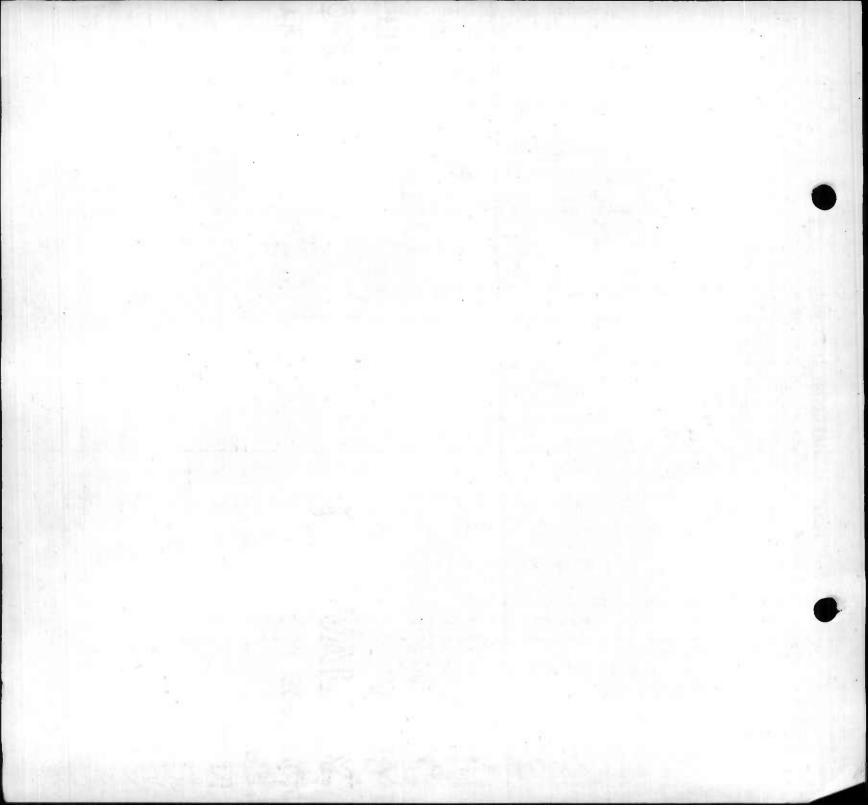
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

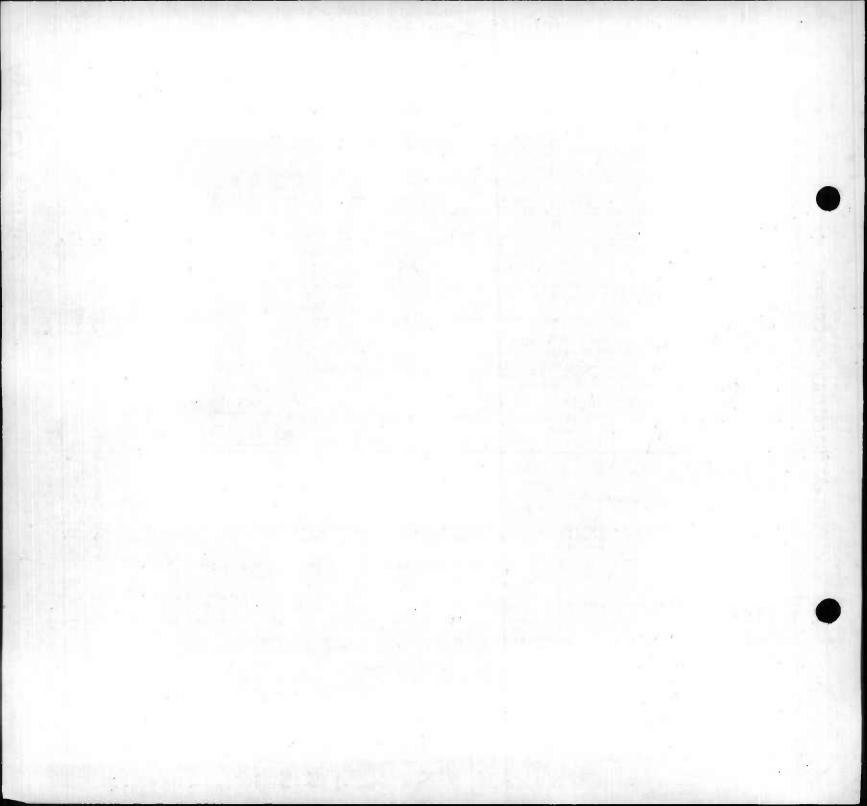
BIRTH NO.		MILD	ICAL	. L/.	AMIIAEKS	SEIVIIII	CATEOI	DLAI	REG. NO).		
1. NAME OF	DECEASED JAMES	M ETTE	10			2. DATE OF	Known 🗌	Month	Day	Year		
						DEATH	Estimoted	April	25, 19		_	37 A. M.
4. PLACE IN FULL NAME O	BALTIMORE,	MARYLAND, W				3. DATE PRONO	UNCED DEAD	Month	Doy	Yeor		
HOSPITAL OR INSTITUTIO	ÀDE	RESS OR LOCA	TION)	11101101	A, GIVE SIKEET				25, 19			37 A. _{M.}
1111	N SECOUR	S HOSPT	гАт			A. STATE	RESIDENCE (Where		ed. It institution. B. COUNTY	on: residenc	e before o	dmission)
		D HODIT		- Parish		C CITY OF	Maryland		D INCIDE	Howa		03-0
6. SEX Male	7. RACE	ite			NEVER MARRIED	C. CITY OI	ELLIC	ott city	D. INSIDE	TILA FIWII2		
9. DATE OF		IIO ACE /II	WIDOV		DIVORCED L	Balti	AND NUMBER			YES	NO L	
		10. AGE (Ir lost birthdo	y), 2	Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.							
9/20/	26 CE (State or for		74	12 CIT	IZEN OF	13. FATHER	rch Stree	С				
		eigii couiiiry)			AT COUNTRY?	?	Fields					
Baltin		Give kind of work	14B. KINI		ISINESS OR INDUSTR			ME				
done during mo	ost of working life	, even if retired)					abel Hood	IVIL				
	al Direc				mployed 7. social	IB. INFOR				ADDRESS		
	nown) (If yes, giv	re wor or dotes)	220-111-2219		. Blanch F	rields		Same		
19.//	1011	49	-		CAUSE OF DEA						APPROXIMA	TE INTERVAL
TI	dif	1								BE	TWEEN ONS	SET AND DEATH
DIS	SEASE OR COL	NDITION DIRE	CTLY		Arterio	scleort	ic cardio	vascul	ar dise	ease		
(This do	oes not meon t	he mode of dy	ing, e.g.,		(A)IMMEDIATE	AS A CONSE						
injury o	oilure, osthenio, or complicotion v	etc, It means the which coused dec	oth.)									
	441756555	IT CALLETS										
DISEAS	ANTECEDE! SES OR COND		, GIVING		(B)	AS A CONSE	QUENCE OF:					
RISE TO	RLYING CONE	CAUSE (A) STA	TING THE									
20					(C)							*****
OTHER	SIGNIFICANTO	II CONDITIONS C	ONTRIBU	TING								
O TO THE	E DEATH BUT N	OT RELATED TO	THE TERM	INAL								
20A. DAT					HICH OPERATION W	AS PERFOR	MED			21. AU	TOPSY? (Yes or No)
02										yes	(part:	ial)
22A. EX	XTERNAL CAU				ACE OF INJURY(e.g.,			(If in Boltimor	e City, give e	xoct locotion	1)	
D UTING [YING OR CO			nome, r	orm, foctory, street, offic	e blag., etc.)	INJURY OCCUR!					
≥ 22D. TIM	ME (Month)	(Doy) (Yeor) (Hou	r) 22E	INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	JR?			
(APPROX.				m. WH		WHILE						
23.				٦.		tial)						
	certify that	held on I	nquiry	'	nspection Au	topsy X	ond that on t	his bosis,	deoth in m	y opinion		
r	esulted from:	Noturol cou	ses X	Acc	ident Suicio	de 📙 H		Undetermin				
A C1	TUAL) ,	10	11/	11		CHIEF MEDICAL				DATE	SIGNED
	NATURE	my	11	Kor	M.E	ASS	ISTANT MEDICAL	EXAMINER	K			
		Ronald N	. Kor	mb1	um,M.D.	ASS	OCIATE MEDICAL	EXAMINER		4	4/25/6	59
	ME (Type) CREMATION,	24B. DATE		240	NAME of CEMETERY	or CREMAT	ORY 24D	LOCATION	(City to	wn, or coun	tv)	(Stote)
REMOVAL ((Specify)		0	1240.						arrol		Md.
Buria		4/28/6			Trenton Chi			Uppe			00.	11/4
25A. DATE RI	V 9 100	_	25B. N	IAME O	F REGISTRAR	A 50	FUNERAL DIRECT			ADDRESS	26.2	
IVIA	Y 2 196	EC	VI	200	a round,	I WILL	J. Tickner	a Son		Balto.	, Md	



DIE				
	тн но.	4558 CERTIFICA	ATE OF DEATH	reg. no. 69 4558
	NAME OF DECEASED		2. DATE	AND HOUR OF DEATH
		ARIGESTRA A		-69 4/36 A
3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE		14. USUAL RESIDENCE (W	here deceased lived. Il institution; residence before admis
			A. STATE 8. CO	1 1 6 0
FU	ILL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Maryland M	1 21216 / 3-0
	STITUTION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
1	ulling Marginal of 11	244 (22)	Baltinora	YES NO
1	outheren Hospital of M	skà laut	E. STREET AND NUMBER	4
				IV fax RD
S. S	SEX 6. RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday) 11 Under 1 Yr. Il Under 24 Months Days Hours Mi
		DOWED DIVORCED	7-8-14	
	USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or f	oreign country) 12. CITIZEN OF WHAT, COU
000	De la Villana	Sell	F. WIDON	MAR MAR
13.	FATHER'S NAME	1	14 MOTHER'S MAIDEN	NAME
/	inanh and	nds.	mani	ARIAN OS
4	roxery 4041	LOV	Maca	ADDRESS 1
15.	Was Deceased Ever in U./S. Armed Forces? es,na or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 a A A DIRESS
			Garmon	- N' (Carrend Sallon
	1B. 44 30 41	CAUSE OF DEA	TH	APPROXIMATE INTEN
	DISEASE OR CONDITION DIRECT	LY		
	LEADING TO DEATH	A. MANAEDIATE CA	MICE Bleeting Ul	car of stomach.
	(This does not mean the mode of dyin	Ig, e.g., DUE TO, OR A	AUSE B leeling Ul	
	heart foilure, asthenio, etc. It means the	4136036,		
	ANTECEDENT CAUSES	(n) C · V	Λ.	
		(B)	AS A CONSEQUENCE OF:	
	DISEASES OR CONDITIONS, if ony, rise to the above cause (A) state			
	UNDERLYING CONDITION last.	(c) POSS. S	sularastroid h	enoplase
ZO	OTHER SIGNIFICANT CONDITIONS CONTRIB			
ATION	TO THE DEATH BUT NOT RELATED TO THE TELDISEASE OR CONDITION GIVEN IN PART 1 (A	RMINAL		
FICATION	TO THE DEATH BUT NOT RELATED TO THE TELDISEASE OR CONDITION GIVEN IN PART 1 (A	RMINAL A). ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	RMINAL A). DN FOR WHICH OPERATION DED	yes	IN CERTIFYING CAUSES OF DEATH?
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TELDISEASE OR CONDITION GIVEN IN PART 1 // 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	RMINAL A). DN FOR WHICH OPERATION AED 218. PLACE OF INJURY (e.g.	yes, in ar about 21C. WHERE DID	O (If in Boltimare City, give exact lacation)
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DICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 [19]. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notily medical examiner) 21D.TIME (Month) (Day) (Year) (He	A). N FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or about 21C. WHERE DID office bldg., NJURY OCCUR	O (If in Boltimare City, give exact lacation)
CAL C	TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 [A 194. DATE OF OPERATION 198. CONDITIO WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Ho	A). N FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or about 21C. WHERE DID office bldg., NJURY OCCUR	(If in Boltimare City, give exact lacation)
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			00		~:~				DEPARTMENT	EATH REG. NO. 69 4559 2. DATE AND HOUR OF DEATH April 27, 1969 4 2 a. DENCE (Where deceosed lived, If institutions residence before odmissic B. COUNTY PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. COUNTY PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. COUNTY PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. COUNTY PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. COUNTY PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. COUNTY PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. COUNTY PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. COUNTY PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. COUNTY PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where deceosed lived, If institutions residence before odmissic B. County PLAND DENCE (Where d				
BIR	TH NO.		69	4.	559	CERTIFI	CAT	E O	F DEATH		REG. NO	b	9	4559
1. N	IAME OF DEC	EASED	RICH		Edwa		rengi							4 50 a.
3.	PLACE IN BAL	IMORE, MAI	RYLAND, WI	HERE PRO	NOUNCE	D DEAD	4.	USUA STATE	L RESIDENCE (W	here deced	sed lived. If	institution	residen	ce before odmissio
HC	LL NAME OF	(IF NOT ADDRES	IN HOSPITA	L OR INS	MOITUTITE	, GIVE STREET	г		aryland		10 10	ISIDE CITY	LIMITS?	-04
N:		Pleasa	nt Ma	nor					altimor	е				Пои
7	Nursin	g & Co	nvale	scen	t Ce	nter	E		T AND NUMBER					
0	4615 P	ark He	ights	Ave	nue			2	705 GRE	ENMOU	NT AV	ENUE		1
	Male	6. RACE		7- MARRI WIDOW	-	EVER MARRIED			26,1899	lost birt	hdoy	If Un Month	der 1 Yr.	If Under 24 Hr Hours Min.
				10B. KIND	OF BUS	NESS OR IND	USTRY 11.	BIRTH	PLACE (State or f	oreign cour	try)	12. C	ITIZEN O	F WHAT COUNT
	Barte:	nder	on if refired)	Re	tire	d			timore		LAND		U.	S.A.
٥.		phen	S	teng	er		14,	MOII			Se	hlho:	rst	
5. Ye:	Wos Deceosed s, no or unknown)	Ever in U. S. (If yes, give	Armed Force	es? of servic	e) 16. 9	SOCIAL SECURITY NO.	17.	INFOR	MANT			Marie Til	ADD	RESS
	no			220		0774	1	Wrs.	Celeste	ste	nger	2705	Cre	enmount
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TION	OTHER SIGNIF	H BUT NOTRE	LATED TO TH	E TERMIN										
RTIFICA	19 A. DATE OF			DITION FO	R WHIC	H OPERATION		20 A. A	NO	No) 20B, IN C	IF YES, WER ERTIFYING C	E FINDING	S CON	SIDERED 1?
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAL	JSE OF						21C. WHERE DID INJURY OCCUR?		(If in Baltim	nore City, (give exoc	t location)
EDIC	21 D. TIME OF INJURY	(Month) (D	oy) (Yeor)	(Hour)	21E, INJU	JRY OCCURRE	D		21F. HOW DID I	NJURY O	CCUR?			
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	22. I certify				1	ceased from	4		7 C				, An	
	that (I) (we)	last saw th	e decease	d alive a	in		26	19	G 4 and	that in(n	ıy) (aur) a	pinian de	eath ac	curred an the do
			auses state	ed abave	. (I) (We	e) (did) (did ı	nat) viev	the l	oady after deat	h.	-			
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	Kua	at	/un	be	: U	M C DEGREE	Attendi Phys.	19 C	Med. Director	Staff Phys.		M	ا إي	27,1969
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244	BURIAL CREA		B. DATE	24C	, NAME	of CEMETERY	or CREM	ATORY	24D.	LOCATIO	N	City, town	, or cour	nty) (Stote)
	Removal		4/27/6	59 7	ro Jo	ohn Hox	okins	Ho	spital	Ba	ltimo	re. 1	(arv	land
25A	. DATE REC'D	BY HEALTH	PEPTO	25B. NAM				25C. I	UNERAL DIRECT	OR			A	DDRESS
		U	DOD.	UE	地位	U Tarib	ou, A	D	IENRY SA	DER	& SOI	NS IN	IC.	
10	150 PEV 1/1/6	n			- 12		-		ALTEROF	A M SH	RYTANI	1 212	773	



(4) Undetermined cause; (5) Deceased was in regular attendance on the

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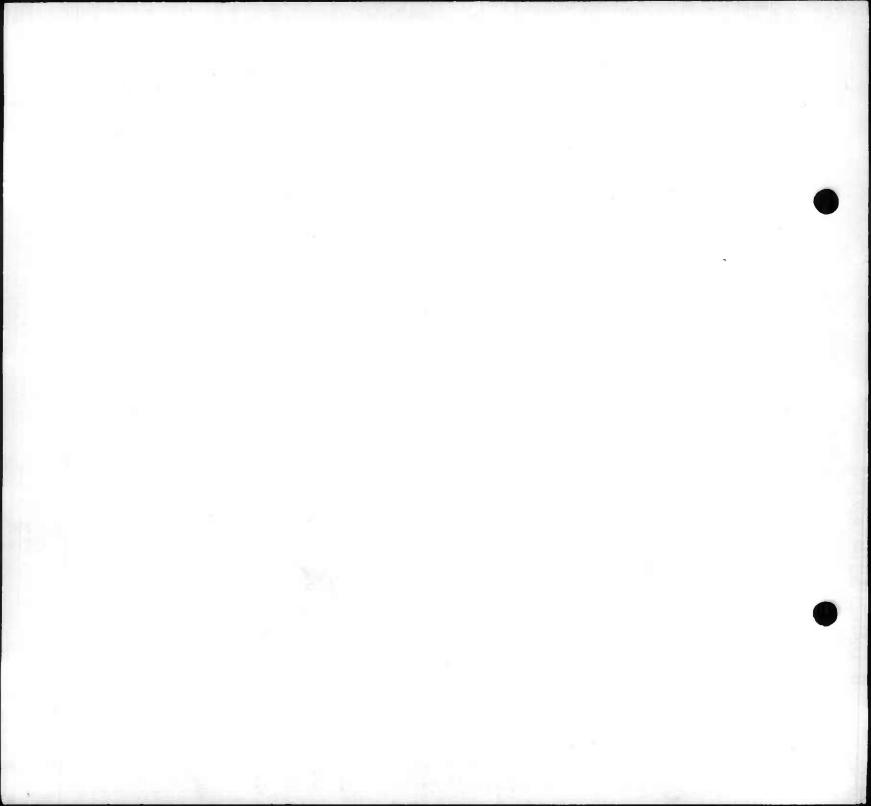
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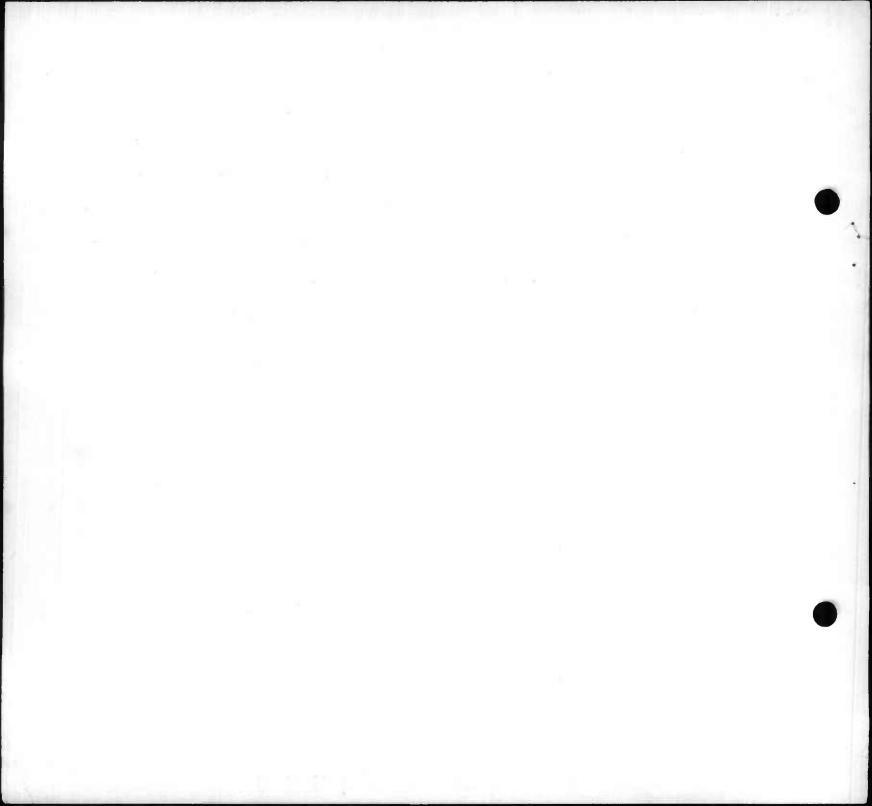
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BO death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN 9 D. INSIDE CITY HMITS BALTIMORE NO prior E. STREET AND NUMBER UMILERSIT RAVEN WOOD 2/2/3 made 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr. Manths! Doye MARRIED NEVER MARRIED f Under 24 Hrs. deceased MALE WHITE WIDOWED DIVORCED 9 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of warking life, even if retired) MARYLAND NEW BORN USA 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME BOESHORE ROBERT MARIE BOPP EO 15. Woe Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) [Iff yes, give war at dotes af service) 17. INFORMANT 1 6. SOCIAL ADDRESS final SECURITY NO. attendance CAUSE OF DEATH 10 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY IMMATURITY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: gular heart failure, asthenio, etc. Il meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES 6 are DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stoling the UNDERLYING CONDITION lost the remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION NO before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, streat, affica bldg., INJURY OCCUR? (il In Boltimore City, give exact lacation) MEDICAL DEATH Inatify medical examined obtained 21D. TIME (Manth) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While While At F (APPROX) pup Wark At Work 22. I certify that (1) (this hospital) ottended the deceased from pe that (1) (we) lost sow the deceased office on. and that in (my) (our) opinion death occurred on the date death) and hour and from the couses stated above. (1) (We) (fild) (did not) view the body after death. must 23A. SIGNATURE Attending 0 Director approval Phys. 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS HOSPITI ALKINS-AFFUL UNIVERSI NATHANIEL DEGREE 24A. BURIAL CREMATION, REMOVAL ISpecify) 24C. NAME of CEMETERY of CREMATORY eceased 24D. LOCATION ICity, town, or written 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.

BI	RTH NO. 69 -0589,69	A 1 1 1/10	HEALTH DEPARTMENT		69 4561 V
1. (T	NAME OF DECEASED			AND HOUR OF DEATH	4130 8.
3.	PLACE IN BALTIMORE, MARTLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (V	Where beceased lived, If in:	stitution: residence before admission)
FI	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAN I	2 BALT	IMORE CITY DE CITY LIMITS?
83	RUN OF MO. HO	OSP.	E. STREET AND NUMBER		YES NO
5.	SEX 6, RACE 7, 44 8 9		1661	DHILEY	ANE 1-05
	F N WIDO	RIED NEVER MARRIED A	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 His. Months Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if refired)		11. BIRTHPLACE (Stote or	lareign country)	12. CITIZEN OF WHAT COUNTRY?
1100	IN FANT		mARYIA	ND	USA.
13.	FATHER'S NAME		MARYLA 14. MOTHER'S MAIDEN I	IAME	001/
	GEORGE DA	VIS.	TAYCE	SUTTOR	
15. (Ye	Was Deceased Ever in U. S. Armed Farces? es,no or unknown) (It yes, give war or dotes at serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	N-	HOSP.	CHART	
	18. 7 7 7 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	er ina au A-	-11 0 . TV	21 28"
	(This does not mean the mode of dying, heart lailure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	SE MM 14-7 A CONSEQUENCE OF:	11 13 1 1	A.O.
	injury at camplication which caused death.)				
	ANTECEDENT CAUSES	(B)	-		
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last,	the	A CONSEQUENCE OF:		
	11	(0/	***************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL	*******************************		***************************************
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A-AUTOPSY? (Yes or	No. 208. IP YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, at etc.)	or obout 21 C. WHERE DID	(If In Ballimore	City, give exact focotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Work Nat While At Work	21F. HOW DID I	NJURY OCCUR?	
	22. I certify that (1) (this haspital) attend		4//	_19 69 to	10/1 10/9
	that (1) (we) last saw the deceased alive		// 19 69 and		Ian death accurred an the date
	and haur and fram the causes stated abov	e. (I) (We) (did) (did nat) vi	ew the bady after deat	1.	
	23A. SIGNATURI			To you as	23 B. DATE SIGNED
	200 server le la	DEGREE Phys.		Staff Phys. 4	4/1/69.
	23C. PHYSICIÁN'S NAME (Type)	2	3D. ADDRESS		
24/	A- BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CREE	MATORY 120	FMA	HOSP.
	REMOVAL (Specify) 4/29/60		7 240.	LOCATION DU MICHY	(Stote)
25/		ME OF REGISTRAR	25C. FUNERAL DIRECT	EKSLIY ME	ADDRESS
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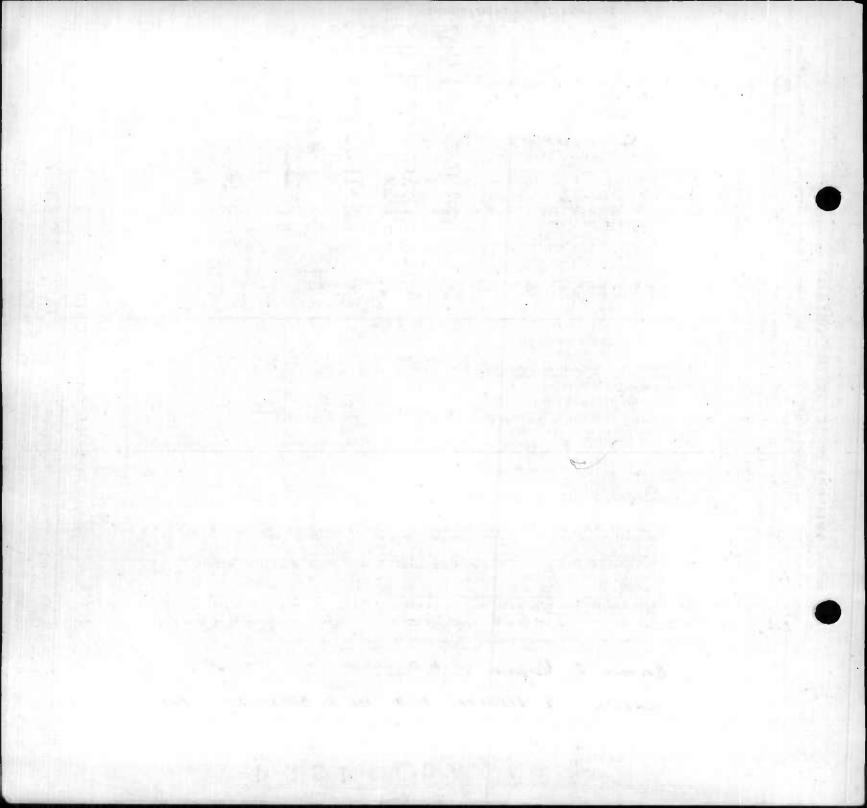
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. ERTIFICATE OF DEATH Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) WICKHAM an BABS DAN 26,1969 9:00 death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE MO W.S FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 BA ITI MOPE YES X NO E. STREET AND NUMBER prior 511 regular made 5. SEX 9. AGE (In years If Under 1 Yr. 6. RACE B. DATE OF BIRTH If Under 24 Hrs MARRIED NEVER MARRIED deceased Months last birthday 26 6 50 WIDOWED IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even it retired) = MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the eath O 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS 0 (Yes, no or unknown) (If yes, give war or dates of service) CAUSE OF DEATH APPROXIMATE INTERVAL attenda 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., prond DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, ular injuly ar complication which caused death,) ANTECEDENT CAUSES 5 who 9 are DUE TO, OR AS DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION lost. physician the remains MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY (Yes or No) 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED befare 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) where OR CONTRIBUTING CAUSE OF MEDICAL °Z DEATH (notify medical examiner) etc.) 21 D. TIME OF INJURY (Hour) obtained 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) 21 E. INJURY OCCURRED 9 Not While (except While At (APPROX.) Work and 22. I certify that (I) this haspital attended the deceased fram 8:10 + H 9:00 AL 26 and that in (my) (aur) aginian death accurred an the date that (16 (we) last saw the deceased alive an. pe death) hospital and haur and fram the causes stated abave. (I) (We ((did) (did nat) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending [Corazon L. H.D. Med. Staff 4 Director ___ Phys. Phys. appraval 0 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior at 100 BROLDWA CORAZON 4 24A. BURIAL CREMATION, 24B. PAT 24C, NAME of CEMETERY OF CREMATORY deceased 0.0 REMOVAL (Specify) S C Mas 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL ADDRESS



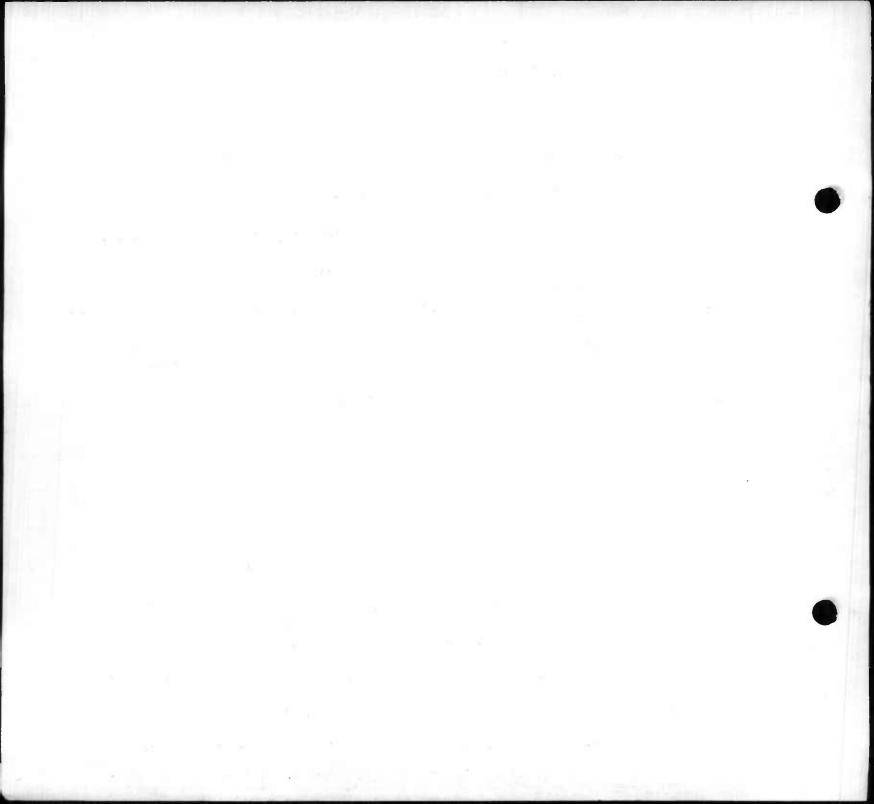
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO.	69	45	63

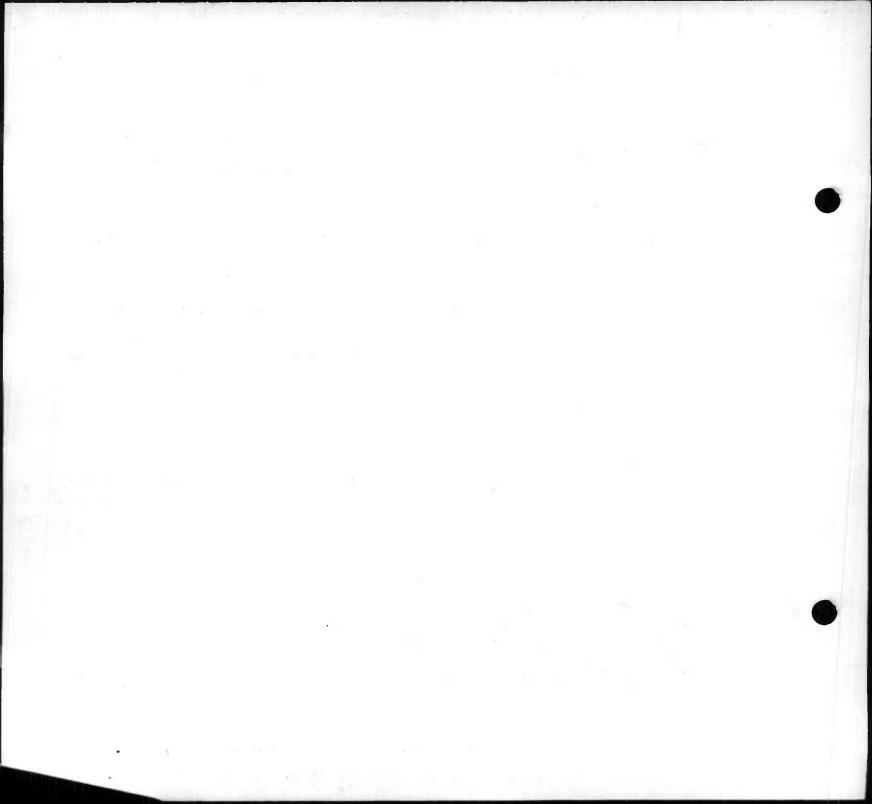
BIRTH NO.	69	4563 CERT	FIFICATE (OF DEATH	REG. NO	69 4563	}		
1. NAME OF DE				2, DATE A	ND HOUR OF DEAT	TH			
3. PLACE IN BA	ANNIE M.	COSTON THERE PRONOUNCED DEAD	14. US	4-29		liantitudiana maidana haf	M		
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITUTION, GIVE S	TREET MA	RYLAND		institution: residence before 15-3	18		
INSTITUTION			lc. Gil	LTIMORE	D. It	VES LIMITS?			
00	2207% ALLE	NDALE ROAD		EET AND NUMBER	ALE ROAD	YES NO			
5. SEX	6. RACE	7. MARRIED NEVER MA		OF BIRTH	9. AGE (In years	If Under 1 Yt. If Months! Doys Hou	Under 24 Hrs.		
FEMALE	COLORED	WIDOWED DIVO	KCEDIII	1-1884	last bighday)	Total Total	13 MILE		
done during most all Housewi	working life, even if refired)	10B. KIND OF BUSINESS OR		HPLACE (Stote of for		U.S.A.	AT COUNTRY		
13. FATHER'S NA	ME		14. MC	THER'S MAIDEN NA	AME				
THOMAS	BRAXTON		7	MELIA MASO	N				
15. Was Deceases	Ever in U. S. Armed For	s of servicel 16. SOCIAL SECURITY	17. INF	PRMANT		ADDRESS			
NO	7 -7 -7 -7 -7 -7 -7 -7	214-38-		ILLE THOMP	SON • 22073	ALLENDALE RI	٥.		
DISEASES (nise to th UN DERLYIN OTHER SIGNII	not meen the mode of astheria, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. Il FICANT CONDITIONS COINTIONS COINTIONS COINTION TRELATED TO THE	death.) any, giving DUE Staling the (C)	TO, OR AS A CONS	ess.			924400000000000000000000000000000000000		
U 119A. DATE OF	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERAT	TON 20A	AUTOPSY? (Yes or h	IN CERTIFYING C	E FINDINGS CONSIDERE AUSES OF DEATH?	D		
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22. I certify that (I) (this hospital) attended the deceased from									
23A. SIGNATI	ewal D.	Anite	Attending Phys. 23D. ADI	Med.	Steff -	23R DATE SIGNED May 1, 1969			
		mith	DEGREEI		son Avenue				
24A. BURIAL CRE REMOVAL (BURIAL	Specify) 5-3-69	ST. GEORGE	ERY of CREMATOR			CO., MARYLAN	(Stote)		
25A. DATE REC'D	BY HEALTH DEPT.	25B NAME OF REGISTRAR		FUNERAL DIRECTO	R AW 802 MAD	ADDRESS	5		

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

11		69	456/	A BALTIMORE CIT	TY HEALTH DEPARTMEN	1T	00	AECA
BIR	TH NO.	00	100	* CERTIFICA	ATE OF DEAT	H REG. NO	0	4004
	Pe or Print	ED				E AND HOUR OF DE	ATH	- 11/
	J-R	EDERIC	UM	n. Jos	FG 4	-////	7	945
3,	PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE	(Where deceased lived	If institutions	residence belore admi
FU	LL NAME OF	UE NOT IN HOSBIT	AL OR INCOME	1011 0111 0	A. STATE B. C	COUNTY		11 2
HO	STITUTION	ADDRESS OR LOCA	ATIONI	ION, GVE STREET	C. CITY-OR TOWN			16-0
7	4				180:-		INSIDE CITY	
	MERCY	1 45	SPIT	<i>p</i> ,	E. STREET AND NUMB	FD FF	YES	NOL
1	TERCY	1/03		AL	735 /1	NAMED	/	
5. S	SEX 6. R	ACE	7. MAPPIED DE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	77	
	m	./	WIDOWED	DIVORCED	11/4/11	lost birthday	Months	er 1 Yr. If Under 24 Days Haurs N
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done	e during most ol worki	ng life, even if retired)					12. CH	IZEN OF WHAT COU
122	Pullman P	orter	B&O R/R		1-LORIL			U.S.A.
13.	FATHER'S NAME	_			14. MOTHER'S MAIDEN	NAME		
	MLV	111	ONES		ISE	111	1	
15. V (Yes	Was Deceased Ever	In U. S. Armed Fard res, give war ar date:	s of servicel	SECURITY NO.	17. INFORMANT	(ADDRESS
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1	18.	3 1		CAUSE OF DEAT				
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		DING TO DEATH	CILI		USE HEPATICI	Malicani	CU	unh
	(This does not n	nean the mode of	dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	1141191141	7	ange
	injusy of Camplica	enia, elc. Il means	the disease,	20210,0120	A CONSPREDENCE OF:	,	/	
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			any siving	(8)	S A CONSCOUENCE OF	***********************	******************************	
	DISEASES OR C	CONDITIONS, if a	any, giving slaling the	DUE TO, OR AS	S A CONSEQUENCE OF:		*******************	
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ATION	DISEASES OR CONTINUE OF THE PEATH BU	CONDITIONS, if of object cause (A) ONDITION last.	Stating the STRIBUTING TE TERMINAL TO A L T	Areme				**********
RTIFICATION	DISEASES OR COMMISSE IN THE RESIGNIFICAN TO THE DEATH BUDISEASE OR CONDITION OF THE PROPERTY O	CONDITIONS, if of odve cause (A) ONDITION last. II II CONDITIONS CONT NOT RELATED TO THE CONDITION GIVEN IN PART RATION 119B. CONDITIONS COND	NTRIBUTING ETERMINAL 1 (A). DITION FOR WHI	Areme	20A. AUTOPSY? (Yes on NO)	IN CERTIFYING	ERE FINDINGS CAUSES OF	CONSIDERED DEATH?
CERTIFICATION	DISEASES OR COMMENT OF THE PROPERTY OF THE DEATH BUDISEASE OR CONDITION OF CONTRIBUTING OR CONTRIBUTING	CONDITIONS, if of output cause (A) DIVIDION last, II CONDITION CONTINUE CO	NTRIBUTING ETERMINAL 1 (A). DITION FOR WHI	Areme	ia-severe	IN CERTIFYING	ERE FINDINGS CAUSES OF	**********
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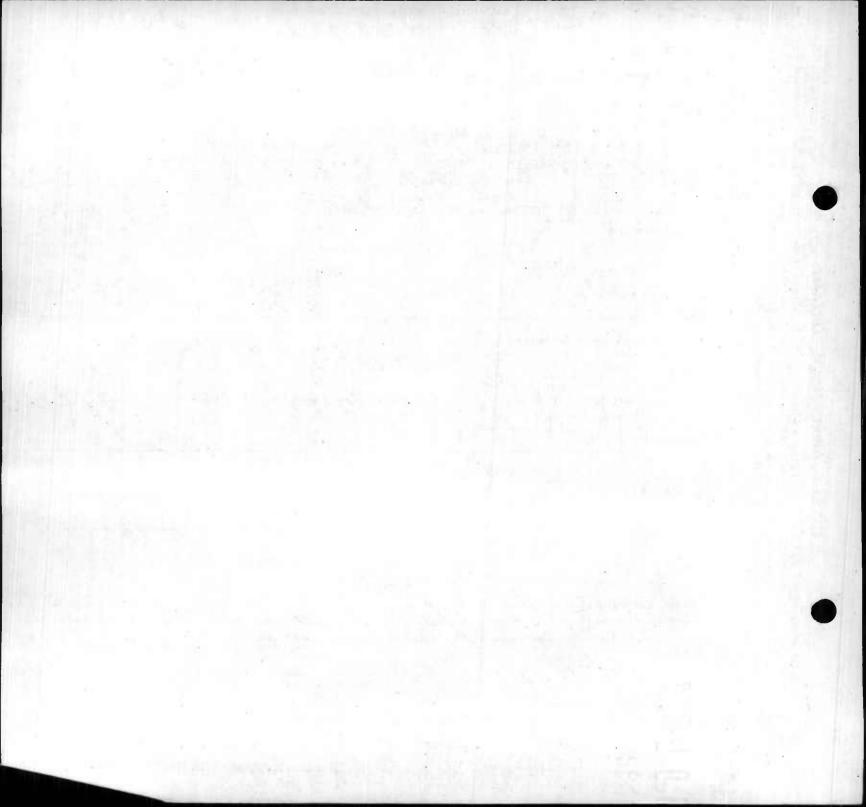
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE CITY HOSPITALS YESXX BALTIMORE NO E. STREET AND NUMBER 4940 EASTERN AVENUE 3404 GRANTLEY BALTIMORE. MARYLAND 21224 ROAD 9. AGE (In years II Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX 6. RACE B. DATE OF BIRTH MARRIED NEVER MARRIED Hours lost birthdoy) FEMALE NEGRO WIDOWED DIVORCED 6 - 22 - 1310A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife USA VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD JACKSON JACKSON 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMANT 1 6. SOCIAL SECURITY NO. RECORDS-BCH-4940 EASTERN AVENUE, BALTIMORE, MD No CAUSE OF DEATH APPROXIMATE INTERVAL 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoting the UNDERLYING CONDITION lost. remains ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (Hais hospital) attended the deceased ond that in (my) that (1) (we) tast sow the deceased alive on (pur) opinion deoth occurred on the dote ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. must 23 B. DATE SIGNED 23A, SIGNATURE Attending Med Shaff Phys. Director L Phys. approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 21224

DR. ROBERT BROOK BCH-4940 EASTERN AVENUE BALTIMORE MD DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) Mt. Auburn Baltimore, Maryland 5-3-69 Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRE 802 Madison Ave Charles R. Law VS 150-REV. 1/1/6B

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13. FATHER'S NAME

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Thomas Abrams

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15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotes of service)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

Baltimore General

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(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR ADDRESS OR LOCATION)

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DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

DISEASE OR CONDITION DIRECTLY

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DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined) 21D. TIME OF INJURY (Month) (Doy) (Yeor) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not White While At (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from... 19 that (i) (we) lost saw the deceased alive on ond that In(my) (our) opinion death accurred on the date

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23C:PHYSICIAM'S NAME (Type)

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23D. ADDRESS

DEGREE 24C. NAME OF CEMETERY OF CREMATORY

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24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Mount Auburn 5-I-69 Burla 25A. DATE REC'D BT HEALTH DEPT.

25B. NAME OF REGISTRAR

25C FUNERAL DIRECTOR OWN and Son 190 M. Montgomery Street

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J. ALEXIS SHRIVER		HARRIET VAN		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 142 22 2112		-BALTO.,MD). 21229ss S-CATON & WILKE
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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Co	nton + Wilkels Are.			E. STREET AND NUMBER	gust Ave	#212	29
5.	. 4 ()) /	-	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months Doys H	Under 24 His.
10/	MALE White	WIDOWED	DIVORCED	Jan. 4, 1914	55	4 - 12/200	applicado .
do	se during most of working life, even if retired) Soldier	U. S. Ar		Union Town,		U. S. A.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME		
	Harry Crutchm	an		Blantche T	homas		
15. (Ye	Was Deceased Ever in U. S. Armed Farce s, no or unknown) (II yes, give wor or dates		SOCIAL SECURITY NO.	17. INFORMANT		ADDRES:	\$
	Yes 1940-196	9	SECURITI NO.	(c. Scott) St	Agues Hosa	CATON+ 1	Dilkens
ATION	DISEASE OR CONDITION DIRECTED IN THE CONDITION DIRECTED IN THE CONDITION DIRECTED IN THE CONDITION DIRECTED IN THE CONDITIONS OF THE CONDITION	ying, e.g., se disease, eath.) y, giving lating the	(A) MAMEDIATE CAU DUE TO, OR AS (B) DUE TO, OR AS	N Vascular SE A CONSEQUENCE OF:	Slivele -	BETWEEN C	MATE INTERVAL NSET AND DEATH
ERTIFICAT	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I 1994-DATE OF OPERATION 198, CONDI- WAS PERFO	(A).	H OPERATION	20A. AUTOPSY? (Yes or N	O 20B IF YES, WERE F	INDINGS CONSIDE	RED
CERT	21A. ACCIDENT WAS UNDERLYING	21B PLAC	E OF INJURY (e.g., in	or obout 21 C. WHERE DID		City, give exoct local	-411
CAL	OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	hame, for	m, factory, street, of	ice bldg. INJURY OCCUR?	the in position	E City, give exoct too	otion)
MEDI	21D.TIME (Manth) (Doy) (Yeorl (OF INJURY (APPROX.)	Hour 215 INJU While At Wark	RY OCCURRED Not While At Work	21F. HOW DID IN	JURY OCCUR?		-
	22. I certify that (1) (this hospital) a			4/ 29	19 69 to H -	29	19 69.
	that (1) (we) lost saw the deceased		4-29	10	hat In (my) (aur) apir		
	and hour and from the causes stated) (did) (did not)			Geath occuff(ed on the dole
	23A. SIGNATURE	7 .	10	ine boay uner deom		23B, DATE SIGNED	
	Collegandra fr	uppe-	After Phys	nding Med.	Stoff Phys.	4-29-60	9
	PALE (AN DA)	MEIN	DEGREE	3D. ADDRESS	11.1 11	1	1 10
24A	BURIAL CREMATION, 1248, DATE	ME/MA HEC. NAME O	DEGREE TERY OF CRE	MATORY 124D.	LOCATION (CI)	y, town, or county)	(Stole)
F	REMOVAL (Specify) May 1. 196					, , , , , , , , , , , , , , , , , , , ,	
		B NAME OF REC	National C	25C. FUNERAL DIRECTO		ADDRE	The state of the s
VS	150-REV. 1/1/68	1 m	Transel !	DG Truman Sch	wab 2212 F	rederick Av	e. Balto.

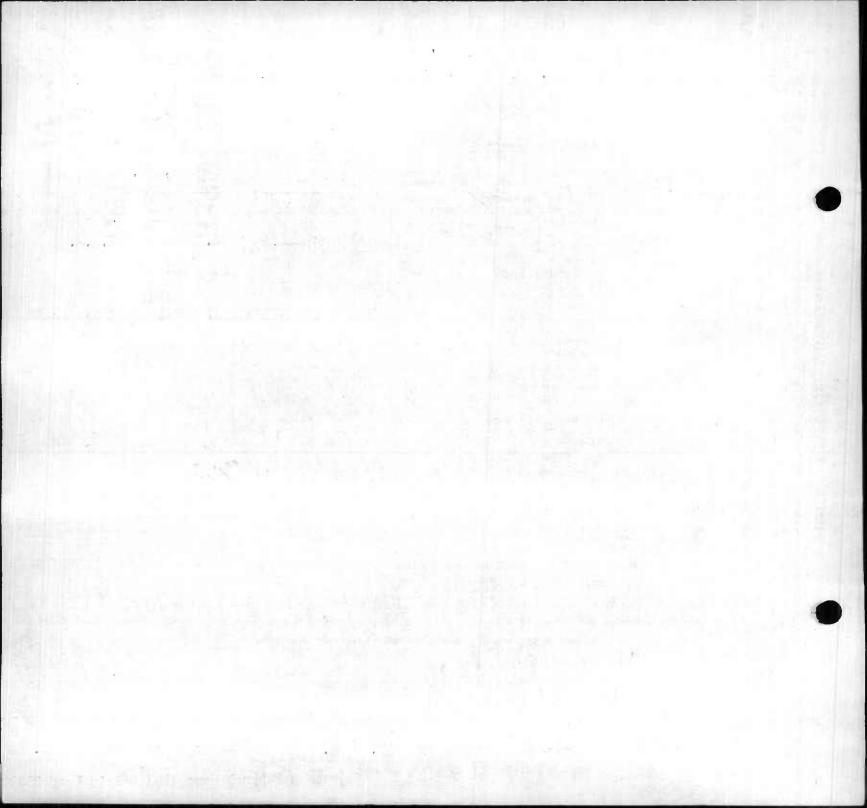
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FUNERAL DIRECTOR: IMPORTANT

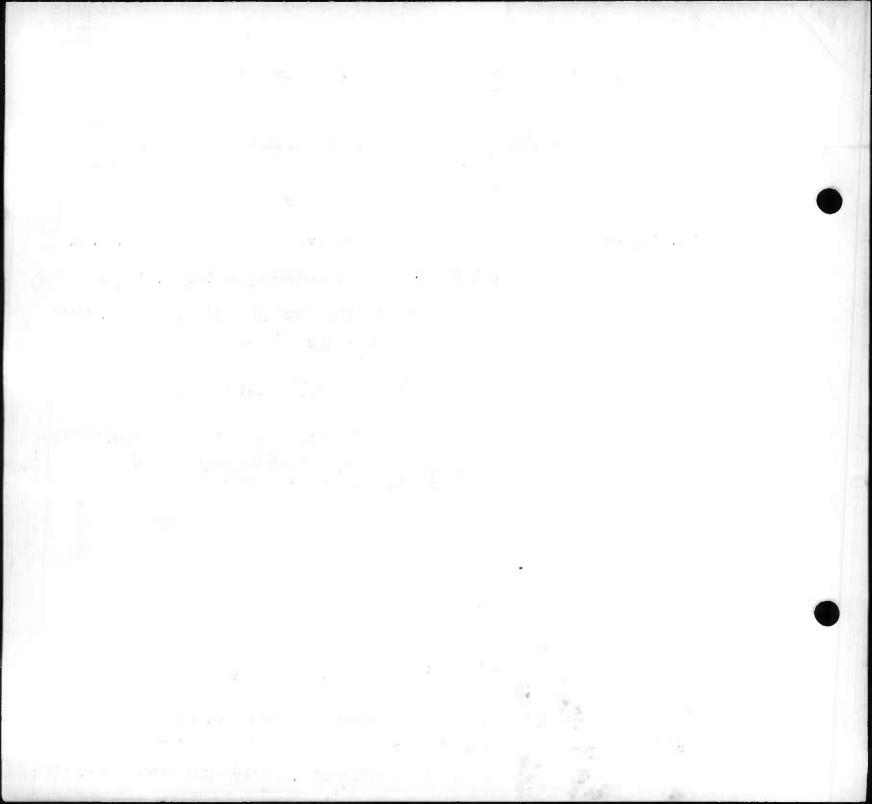
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such and the proposition is made.

69 457 BIRTH NO.				4 /15/11
	CERTIFICA	TE OF DEATH	χ reg. no. 69	3 4570
1. NAME OF DECEASED (Type or Print)	MAN	2. DATE AN	D HOUR OF STATH	1 1:40 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institut	tion: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	UTION, GIVE STREET	c. CITY, OR TOWN	Ball D. INSIDE	CITY LIMITS?
9/ Montebella Hospit	al	E. STREET AND NUMBER	M	S NO
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	O ACP //	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
WIDOWED	DIVORCED [3-20-113	60	onins Doys Hours Willia
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of forei	gn country) 1:	2. CITIZEN OF WHAT COUNTRY?
Housewife H	ousewife	Abingdon D.	Va.	II.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Samuel Rhey			Laura Miles	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	2002 W 121,200	ADDRESS
No	None	Madalyn Herma	n 8937 Carlie	le Avenue 21226
18. // / 1 2 //1	CAUSE OF DEAT		/ 0/5/ 54/1/5	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		France 11	MOTH will	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE PLAGEN U	West Fully	MW seller
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:	1 1	
injury or camplication which coused death.)	P 101	- Allo coulded	the pullons	7110111
ANTECEDENT CAUSES	(B) (//	A CONSEQUENCE OF:	11/1/1/1/1/1/1/1/	- Lyeav
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF	11)	> Glays
_ II		ditti	1000	
	/		1 1 1 1 1 1 1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(MANIMIX	Colo	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	WHICH OPERATION	20A, AUTOPSY? (Yes, or No	20B. IF YES. WERE FIND	DINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
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TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave, (23A. SIGNATURE 23C. PHYSIG(AN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify) Burial 5-1-1969	PLACE OF INJURY (e.g., ine, form, foctory, street, of the form, foctory, street, of the form, foctory, street, of the foctory, street,	n or obout 21 C. WHERE DID in Jury OCCUR? 21 F. HOW DID INJ 19 and the iew the bady after death. 23 D. ADDRESS EMATORY 24 D. Li	IN CERTIFYING CAUSE: (If in Boltimore Ci URY OCCUR? 19	ty, give exoct location) 19 19 19 19 19 19 19 19 19 1

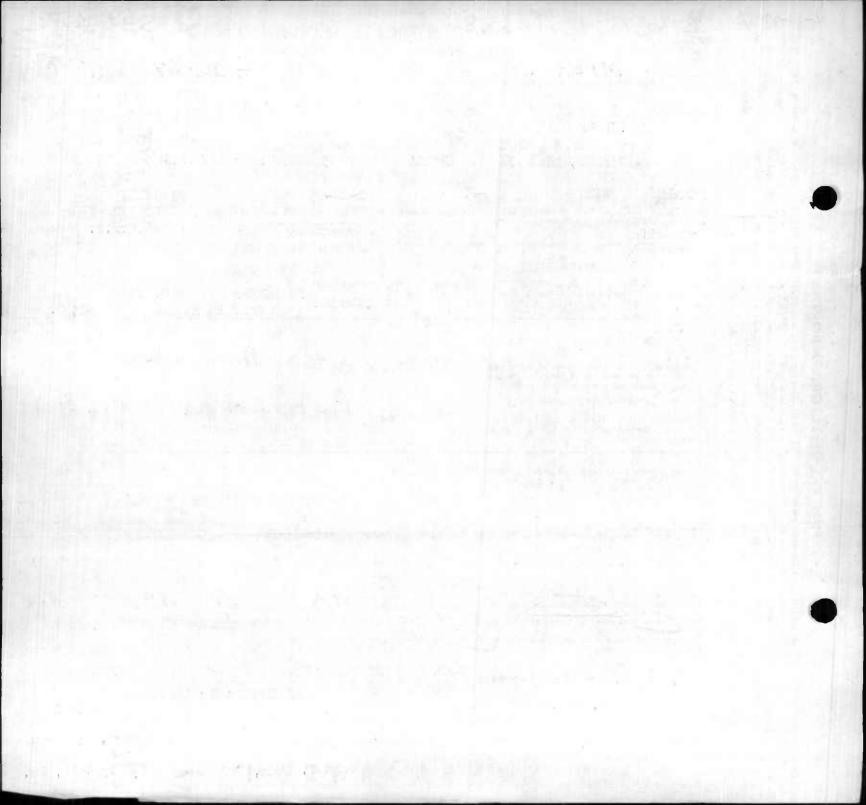


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Such Such Such Such Such Such Such

1	52 69 4	7.77	HEALTH DEPARTMENT	00 4574
	RTH NO.	CERTIFICA	TE OF DEATH REG. NO.	69 45/1
	NAME OF DECEASED		2. DATE AND HOUR OF DE	EATH
	WARRINGTO	N. WALTE	E. xan May 2,	1969
	PLACE IN BALTIMORE, MARYLAND, WHERE PR		A. STATE B. COUNTY	Il institution residence before admission
EHIN	JLL NAME OF OSMITAL OR IN ADDRESS OR LOCATIONI ISTITUTION			INSIDE CITY LIMITS?
/	MARYLAND GENE		E. STREET AND NUMBER	YES NO
5.		SPITAL		venue 21227
	M WIDON		1-14-1884 lost birthday	Il Under 1 Yı. Il Under 24 Hrs. Manihs Doys Haurs Min.
10	A. USUAL OCCUPATION (Give kind of work 10B, KIN) ne during most of working life, even it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign caunity)	12. CITIZEN OF WHAT COUNTRY
001			De laware	IT C A
13.	Ret. Shopman		14. MOTHER'S MAIDEN NAME	U. S. A.
	1000:10) 0 5	4	
_	WARRINGTON		Mark ARABANANAN Mar	ry E. Tingle
15. (Ye	Wos Decoosed Ever in U. S. Armod Forces? s,no or unknawn) (11 yes, give war ar dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17- INFORMANT	ADDRESS
L	No 18.	216-01-256 CAUSE OF DEATH	Amelia Warrington 1221	
	DISEASE OR CONDITION DIRECTLY		NATURE EDEMA	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE	
	(This does not mean the mode of dying, heart lailure, asthenia, etc. It means the dise	e.c.	A CONSEQUENCE OF:	- 0
	injury or camplication which caused death.	ASPIKA7	non of vonit	les
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, il any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
	rise to the above cause (Al stating UNDERLYING CONDITION last.	IN AUI	NAL ITERNIA =	INCARCERATION
	CHECKETHO CONDITION (US)	(c)	70 5 // 1 - 10	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	C 13	100cc 01381100	CIBA
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL (L) CO	RUCA ULCOR	
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING	FRE FINDINGS CONSIDERED CAUSES OF DEATH?
CER	21A ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., In		115
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine?)	hame, form, loctory, street, all	ice bidg., INJURY OCCUR?	filmare City, give exoct lacotion)
ED	21D. TIME (Manth) (Doyl (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
×	(APPROX.)	While At Not While		
	22 1 - 46 4 4 (0) (41 1 1 4 1)			
	22. 1 certify that (1) (this hospital) attended	sa the deceased from	19to	19
	that (I) (we) last saw the deceased alive	on	19and that In (my) (our)	apinian death occurred on the date
	and have and from the causes stated above	e. (1) (We) (did) (did not) vi	ew the body after death.	
	23A. SIGNATURE			23B, DATE SIGNED
	Trave S. Durien	1 Dh.	nding Med. Shaff Phys.	5-2-69
	23C.PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	
	Frank & Burars			
24/	A RIDIAL CREMATION DATE	C. NAME OF CEMETERY OF CREE	Maryland General Hospit	
	REMOVAL (Specify)			
25		Western Cemetery		
25/	BARN ACCE	HE OF REGISTRAR	25C. FUNERAL DIRECTOR Howard H. Hubbard 410	7 Wilkens Ave. 21229
VS	150-REV. 1/1/68			

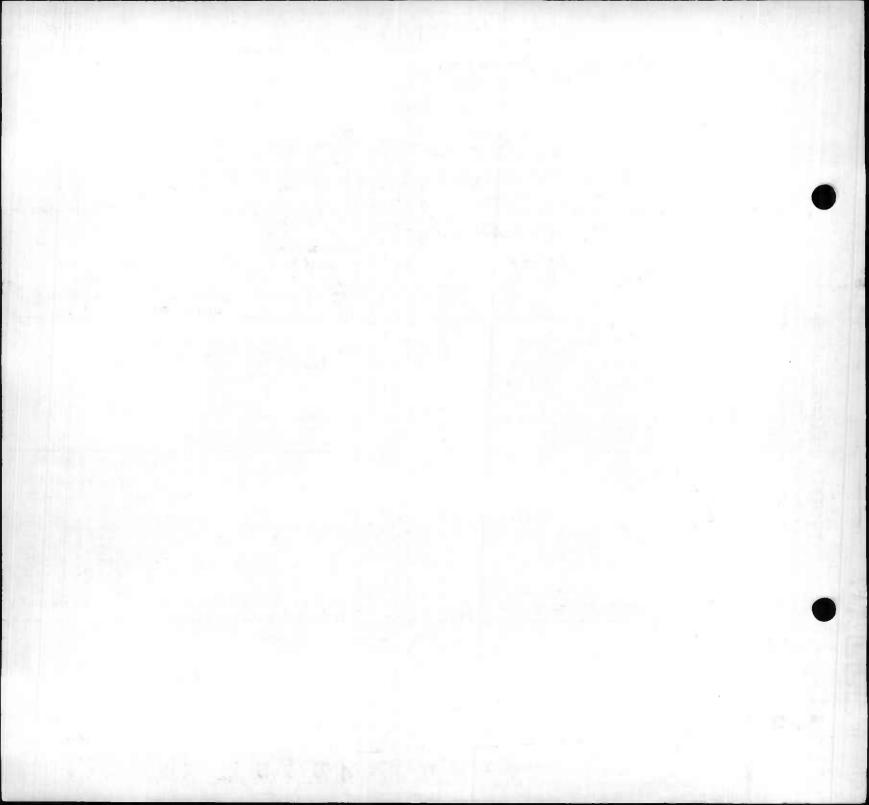


12-61 IT	D BALTIMORE CITY	HEALTH DEPARTMENT 69 4572	
	B-650 69 4572 CERTIFICA	TE OF DEATH REG. NO.	
and ath isec the the	1. NAME OF DECEASED Mila Brown	2. DATE AND HOUR OF DEATH	
de de	(Type or Print) MILA BROWN	4/30/69 110 55 P M.	
th.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY	
osp (5) (5) (1) (1) (1)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORE	
4 2 6 5	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION BALTIMORE CITY HOSPITALS	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
ca Use ten r to	3 / 4940 EASTERN AVENUE	Dundalk YES NOX	
a de la companya de l	BALTIMORE, MARYLAND #21224	8035 NORTH BOUNDARY ROAD #21222	
de de			
occur ontrib regul sased is ma	FEMALE WHITE WIDOWEXE DIVORCED	1-18-99) lost birthdoy) 70 Months Doys Hours Min.	
To Te	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)		
or inde	Housewife		
if dea rect or (4) Unc was the d spositi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WILL HALL	SALLIE BROCK	
- 0 0	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT BALTIMORE CITY HOSPITALS DORESS	
the the dear	No ?	RECORDS: 4940 EASTERN AVENUE #21224	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, osthenio, etc. II meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:		
his fo,			
3 5 0 0			
ex (3)	rise to the above couse (A) stoting the UNDERLYING CONDITION tost. (C)		
dical rns; (sicia was	11		
Dei I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED		
f me y b ph ph ian			
a od od od sic th			
by a by a 2) Bo re th physic	U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., i or contributing Cause of home, form, foctory, street, o	n or obout 21 C. WHERE DID (If in Boltimore City, give exact lacotton)	
+ = 0 0 0	▼ DEATH (notify medical examiner) etc.)	ffice bldg., INJURY OCCUR?	
by kh	D 21D. TIME (Month) (Doy) (Year) (How) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
hosp hosp natu ept d (6)	OF INJURY (APPROX.) ON TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work	e	
y n xce nd	22. I certify that (1) (this haspital) attended the deceased fram	4/30 1969 to 4/30 1969.	
appropries	that (1) (we) jast saw the deceased alive on 130 19 29 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) V. VALDMANIS M, D, OEGREE 23D. ADDRESS BALT IMORE CITY HOSPITALS 4940 EASTERN AVENUE #21224		
0 0 -			
section to be section to be section to secti			
5 9 5 6			
ac ac			
An at			
d A D			
T = 0 0 0 -	Burial 5/3/69 Holly Hill Memori	D 211	
W = 2 N 0 +	25A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	
This the sho was	5 303 Wal 5 1909 (Roberts James John 5) Dyda 7922 Wise Ave. Dundalk, Md.		
	VS 150-REV. 17176B		



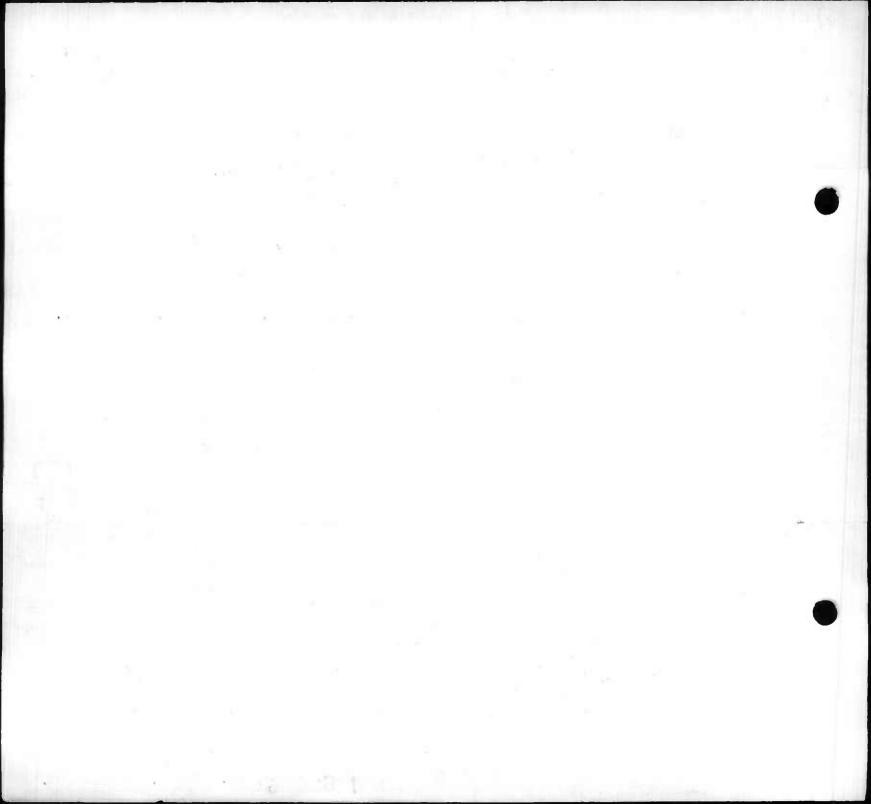
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the O
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

		00 4	BALTIMORE CITY	HEALTH DEPARTMENT	COO AFFEC					
	69 4577									
BIRTH NO. CERTIFICATE OF DEATH REG. NO. TREG. NO.										
		AME OF DECEASED		2. DATE AND HOUR OF DEATH						
			ROTHY	MAY 3, 1969 5:45 M.						
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A, STATE B. COUNTY	institution: residence before admission)					
	FUL	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND Balto	6 53-00					
	INS	TITUTION ADDRESS OF EGGATION		BALTI MO RE	YES NO P					
	7	SINAI HOSP	ITAL	E. STREET AND NUMBER						
1	7		77.0	Edgewood Ave.	2937					
	5. SI	6. RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.					
		T VV widow		12-28.03 63						
		USUAL OCCUPATION (Give kind of work 10B, KIND during nost of working life on if retired)	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?					
	1	Mouse wire +	It offord	BALTIMORE	0.5.					
	13. 🔻	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	11					
		JAmes Keith		(mer Rude	MARDIA					
	IS. V (Yes,	Was Deceased Ever in U. S, Armed Forces? ,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
		No		Thomas J. CARRO	LL DAMI					
		1B. / 10.9 I	CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Myanasia. Tuese	20='01					
		(This daes not mean the made of dying,	(A) IMMEDIATE CAU		201104					
		(this daes not mean the made at dying, e.g., DUETO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which coused death,)								
		ANTECEDENT CAUSES								
		DISEASES OR CONDITIONS, if any, give	A CONSEQUENCE OF:							
		rise to the abave couse (A) stoling UNDERLYING CONDITION last.	lhe							
	}	THE CONDITION ISSI,	(c)							
	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	1G							
-	Ĕ	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).								
		19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED					
	ERT	APRIL. 4-69 GALL	STONES -							
		21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Boltim	nore City, give exoct location)					
3	0		21E, INJURY OCCURRED	21F, HOW DID INJURY OCCUR?						
	VE	OF INJURY (APPROX.)	While At Not While	•						
		22. I certify that (I) (this hospital) attended	Work LJ At Work	APRIL 27 1969 to 1	MAY 3 1969.					
		that (1) (we) last sow the deceased alive		19 6 9 ond that in (my) (our) o						
		and hour and fram the causes stated above			prinon death accurred an the date					
2		23A. SIGNATURE	31 (1) (me) (ala) (ala liol) V	Tew The Body difer deoth.	23B. DATE SIGNED					
		Mn a loca	interne Atte	nding Med. Staff Phys. Director	Man 3, 1969					
	1	23C. PHYSICIAN'S NAME (Type)	DEGKEE	23D. ADDRESS	1100/ 3,1101					
2	TAL									
2	24A.	LIRA CHLOCA	DEGREE		(City, town, or county) (State)					
	(RMOVAL (Specify) 5-7-19	B.17 N	Paral B.1	R MIN					
	25A	DATE REC D VY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	/) ADDRESS					
		min 2 1968 1 030	6 8 70 00 a	MM BELLEVEY P. 98	102 Harrad RL					
			ev. C. Vanow,	THE THOUSE OF DU	- Olling ore					

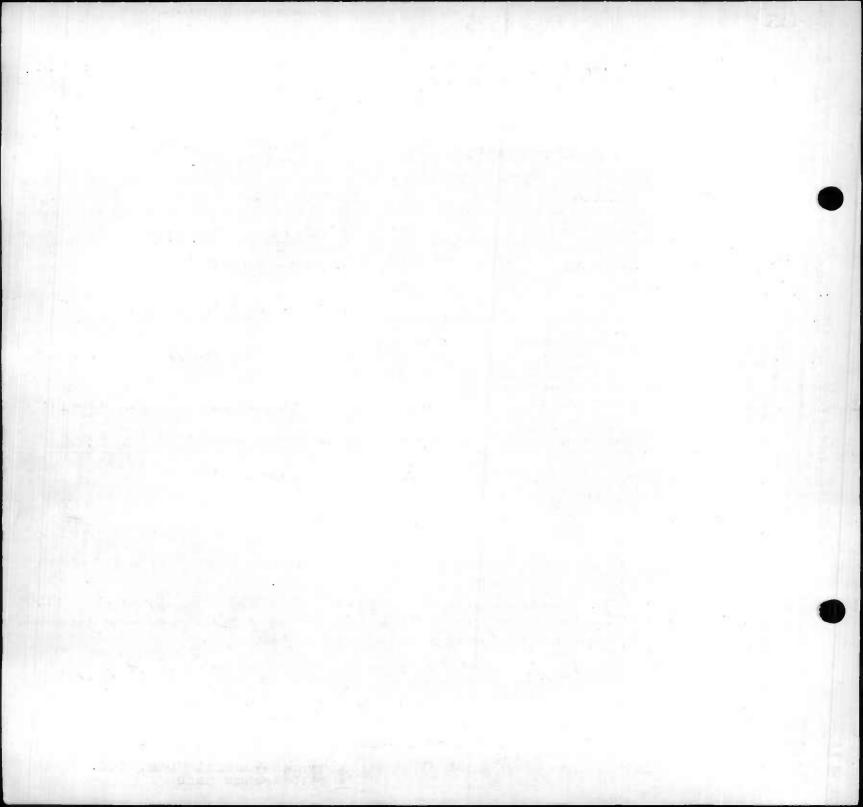


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any natures: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

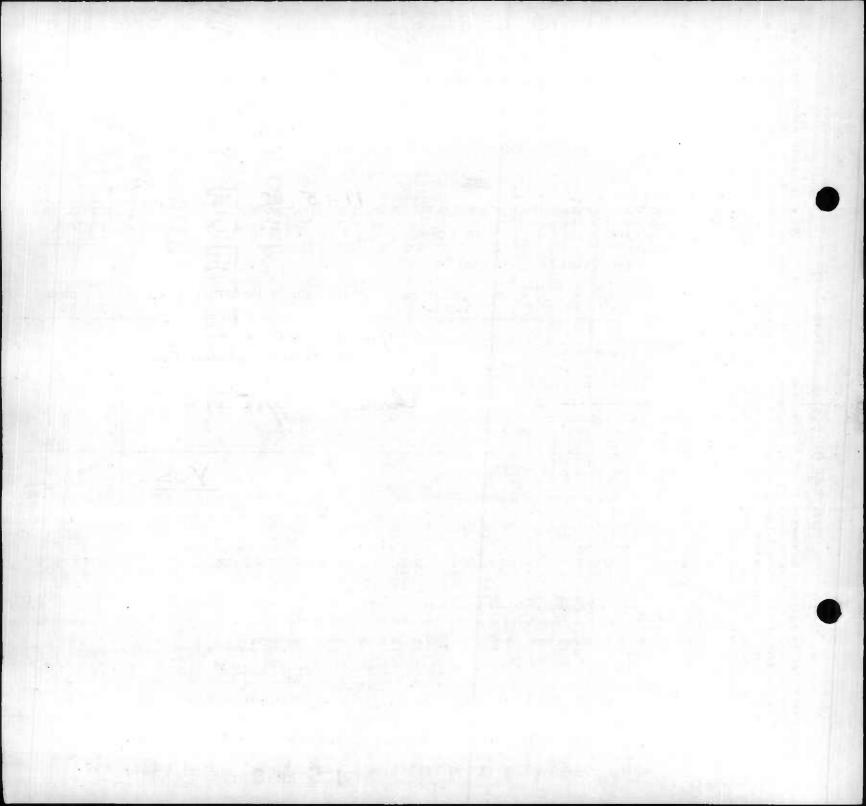
		68	4	574 BALTIMORE C	TY HEALTH DEPARTMENT						
	IRTH NO. ON	marolis m	d.	CERTIFIC	ATE OF DEATH	REG. NO.	39 4574				
	1. NAME OF DECEASED WRIGHT, Philip 2. Date and Hour OF DEATH 4/30/69 12:11 P.M.										
3	PLACE IN BALTIM	ORE MARYLAND, W	HERE PRO	ONOUNCED DEAD		nere deceased lived. If	institution: residence before admission)				
F	ULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR IN	ISTITUTION, GIVE STREET	Maryland		6-02				
ii	NSTITUTION	ADDRESS OR LOC.	A IION)		C.CITY OR TOWN Baltimore	D. IN:	SIDE CITY LIMITS?				
1	The Tohn	c Hombins	77		E. STREET AND NUMBER		YES NO				
		s Hopkins	HOS	pital	2 N. Milto	n Ave.					
11		RACE	7- MARR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months; Doys Hours Min.				
11	Male	White	WIDOV] 4/5/68	1					
do	ne during most of work	ing life, even if retired)	JOR KINE	D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?				
13	- FATHER'S NAME				Annapolis,	Maryland	USA				
11	Philip W	right									
15	Was Deceased Eve	e in II. S. A-mod For	ces?	16. SOCIAL	Charlene 1	PLOMU	ADDUCA				
(Y	es, no or unknown] (If	yes, give wor or dote	s of servi	ce) SECURITY NO.	44		ADDRESS				
-	18.	91		CAUSE OF DEA	Mr. Philip S	. Wright 2	N. Milton Ave.				
	157	R CONDITION DI	RECTLY	enost of buy			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEA	DING TO DEATH		(A)IMMEDIATE C	HISE Con ant	- 1/00 T	t Taiper				
	hearf lailure, asl	mean the made al nenia, etc. If means	the dise	0.0	S A CONSEQUENCE OF:	7	oughs				
	injury or complic	alian which caused	death.)			1					
		ANTECEDENT CAUSES (B) Consental Heart Disease									
	diseases or	CONDITIONS, il bave cause (A)	any, giv	ring DUE TO, OR	S A CONSEQUENCE OF:	0	***************************************				
	UNDERLYING C	ONDITION last.		(c) Doc	ono Lyn	drome	***************************************				
z	OTHER SIGNIFICA	11	ITOLOUITA		/						
ATIO	TO THE DEATH BE	NT CONDITIONS COI JT NOT RELATED TO TH DITION GIVEN IN PART	IE TERMIN	IAL	**************************						
ERTIFIC/	19A. DATE OF OP	ERATION 198 CON	DITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED				
ERT	1 home				· YES	IN CERTIFYING CA	USES OF DEATH?				
AL C	TOR CONTRIBUTION	AS UNDERLYING		home, tam, lociary, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location)				
U		ficol exominer)	0	elc.)							
MEDI	OF INJURY	onth) (Doy) (Yearl		21 E INJURY OCCURRED While At Not Wi	21F. HOW DID IN	JURY OCCUR?					
	TAPPROXJ			Work At Wor			11/2				
22. I certify that (I) (this hospital) attended the deceased from 4/3 0 19 that (I) (we) last saw the deceased alive on 4/3 0 19 69 and that in(my) (aur) opinion death accurred on											
										23A. SIGNATURE	m the causes state
	KI	1 80.1	/	M AIM	ending Med.	Staff [7]	23B, DATE SIGNED				
	23C. PHYSICIAN'S NAME (Type)	· sreff	1	DE GREE Ph	ys. Director	Phys. L	4/50/09				
	Robert	N. Sheff,	1/4	D			/				
24/	24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY										
	Burial	(y)	70				ty, town, or county) (State)				
25/	A, DATE REC'D BY	HEALTH DEPT.	69 /	Holy Redeemen	emetery Ba 25C. FUNERAL DIRECTOR	ltimore, Ma	ryland 2122				
	MAY	= 1000	R.D.	& E93-000	A John H. Mora	n. Inc. 3000	E. Baltimorest.				
VS	75 150-REV. 1/1/6B										



	69	457	75	HEALTH DEPARTMENT	DEC NO	69 4575		
BII	RTH NO. 08-16012	707	CERTIFICA	TE OF DEATH	REG. NO	69 4070		
	Pe or Print GERMAN, Craig	Lin	wood		0/69	5:30 P.		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOL	INCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. If	institution: residence before admis		
II H	ILL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITU	ITION, GIVE STREET	Maryland		8-41		
IN	STITUTION			Baltimore	D. IIN:	SIDE CITY LIMITS?		
	The Johns Hopkins H	osp:	ital	E. STREET AND NUMBER 3411 Lynda	le Ave	113-11		
6	SEX 6. RACE 7. RA					Transaction of		
11	Ma la Turbai ha	OWED [NEVER MARRIED		9. AGE (In years lost birthday)	Months Doys Hours Mi		
	A. USUAL OCCUPATION (Give kind of work 10 B. K	IND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUN		
doi	ne during most of working tite, even if retired)	no	one	Baltimo	re, Md.			
	FATHER'S NAME			14. MOTHER'S MAIDEN NA				
H	oward E. German			L. Marie R	edman			
15. (Y	Was Deceased Ever in U. S. Armed Forces?	ervical	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	ar yes, give war ar dates at s	CIVICE	SECORITY NO.	Howard E. Go	erman, fa	ther, above		
	18.		CAUSE OF DEATH			APPROXIMATE INTERV		
	DISEASE OF CONDITION DIRECTL	Υ				BETWEEN ONSET AND D		
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE CANDIONESPINAT	TORY ARREST	7 30 Minus		
	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury ar camplication which caused death.)							
	DISEASES OR CONDITIONS, if any giving DUE TO, OR AS A CONSEQUENCE OF:							
	underlying condition last. (c) Open Connection of Versicular State Defect 6 HKS-							
	11		(-/T-g					
Z	OTHER SIGNIFICANT CONDITIONS CONTRIB		100	RICULAR SEPT.	a Xeer	-		
ATE	TO THE DEATH BUT NOT RELATED TO THE TERMINIST OF THE DISEASE OR CONDITION GIVEN IN PART 1 (A)		18101	CICCLAR OFFI	be Devoc	••••••••••••		
FIC		FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED		
ERT	4/50/69 VENTRIC.	8 EP		Yes		YES THE		
CALC	21 Á. ÁCCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. ham etc.)	e, form, factory, street, of	or about 21C. WHERE DID INJURY OCCUR?	(If in Baltima	are City, give exoct location)		
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hou	(r) 21 E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
S	OF INJURY (APPROX.)	Whi	le At At Work					
				4/19	1969 to	4/30 1967		
	22. I certify that (1) this hospital) atte		Fi30 Pm 4			y de		
	tho (D(we) lost saw the deceased alive an 8.30 07 4/30 19 69 and that ir (m) (aur) apinion death occurred an the date							
	and hour and from the couses stated ob	a ve.(()	(We) (did) (did nat) v	iew the body ofter death.		23B, DATE SIGNED		
Attending Med. Staff Director Phys. 5/1/1/29								
	1. page	-2			Phys.	3/1/67		
	PAME (Type)	0	4)	3D. ADDRESS	11 11			
	TRANCIS U.	JCA	LPA, 1.01 DEGREE	THE JOHNS HO.	KINU HOSI	PITAL		
24.	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		ME of CEMETERY OF CRE			City, town, or county) (Stat		
	Burial 5/3/69		rkwood Ceme		altimore,			
25.	A. DATE REC'D BY HEALTH DEPT. 258.	AME O	F REGISTRAR BOLD	A Sec. FUNERAL DIRECTOR	uneral Ho	ome, Inc.		
VS	150-REV. 1/1/88° - ° - ·				THE DATE			

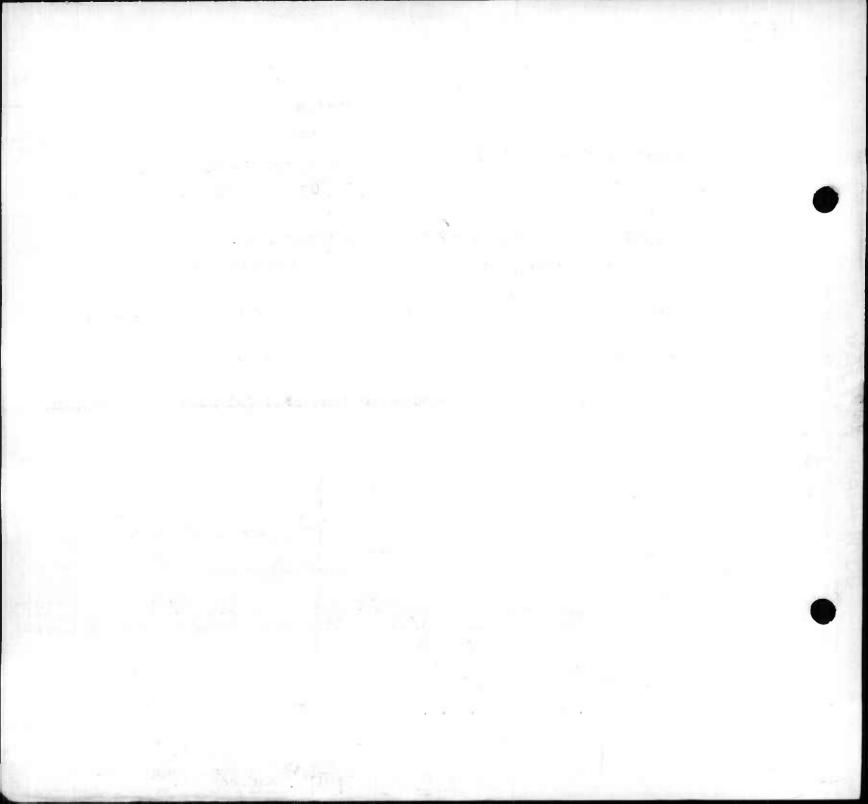


	CO	BALTIMORE CITY	HEALTH DEPARTMENT				
	05 4	1576 CERTIFICA	TE OF DEATH	REG. NO	-69 - 4576 -		
	LAAAE OE DECEASED	^	2. DATE AN	D HOUR OF DEATH			
	pe or Print) JENNIE 6.	ROSENTHAL		4-30 -			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	re deceosed lived. If in: TY	stitution; residence before odmission)		
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION GIVE STREET	MARYLAN	VD	26-42		
II H	DSPITAL OR ADDRESS OR LOCATION) STITUTION	one non, one once	C. CITY OR TOWN	D. INSII	DE CITY LIMITS?		
			BALTIMORE		YES NO [
1	THE UNION MEMORIA	AL HOSPITAL	E. STREET AND NUMBER				
			4335 N	ICHOLAS	AUENUE 2/206		
5.	SEX 6. RACE 7. MARE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
1	EMALE WHITE WIDON	WED DIVORCED X	11-5-00	68	100.00		
	. USUAL OCCUPATION (Give kind of work 108, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?		
dor	HOUSEWIFE	at home	CALIFORN	14	AMERICA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	UNKNOWN G	anzalis		LIE UNK	MOULA		
15							
(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of servi	16. SOCIAL SECURITY NO. 213-20-5139	John Juis H	erman, HAR	8702 School Re		
	18	CAUSE OF DEAT	H 0		APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY	21.	wal also	11 -			
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Chuterals	obstruction			
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or camplication which caused death.)	(1)		4	SHIP NILE		
	ANTECEDENT CAUSES	(e) Cluco	mic Cys	titis.			
	DISEASES OR CONDITIONS, il any, gi	A CONSEQUENCE OF:					
	rise to the abave cause (A) stating UNDERLYING CONDITION last.						
	ONDERCTING CONDITION IUSI.	(C)					
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		1/ 0			
10	TO THE DEATH BUT NOT RELATED TO THE TERMIN			<i>y</i> , >	> ^		
CZ	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		INDINGS CONSIDERED		
ERTIFIC	WAS PERFORMED		YES	IN CERTIFYING CAL	JSES OF DEATH?		
AL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Saltimore	e City, give exoct location)		
20	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	HRY OCCUP?			
MEDI	OF INJURY	While At Not Whil		J. 1 - 0 - 0 - 0 - 1 - 1 - 1 - 1 - 1 - 1 -			
	(APPROX.)	Work At Work					
	22. I certify that (I) (this hospital) ottend	ed the deceased from		19 60 10 4	-30 1969,		
	that (1) (we) lost sow the deceased alive	on4-30	19 69 ond th	ot in(my) (our) opir	nion death accurred on the date		
	and hour and from the couses stated above	e. (1) (We) did (did not) v	riew the body ofter death.				
	23A. SIGNATURE			1.0	23B, DATE SIGNED		
	(Illu Lee Kyu	MID, Atte	ending Med. Director	Staff Phys	4-30-'69		
	23C. PHYSICIAN'S	WE SILES	23D. ADDRESS				
	NAME (Type) CHUN KEE R	MID,	THE UNIO	NMEMORI	AL HOSPITAL		
247	A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	ly, town, or county) (State)		
	REMOVAL (Specify)	Holy Redeemer		altimore,			
25		ME OF REGISTRAR			ADDRESS		
1 25/	A. DATE REC'DARY HEALTH DEPT. 258. NA. 5 1969	4 COZ M	Schamungle	Funeral He Brehms La			
		E C. Marcher, "	3331	Brehms Lai	ne		
VS	150-REV. 1/1/68						



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r. A r. or
FUNERAL DIRECTOR: IMPORTANT he chief medical examiner or his assistant i l by a medical examiner. Also, if the dire (2) Body burns; (3) A fracture of any kind; (4) re the physician who pronounced death physician was in regular attendance on t
Xom
Cal e all e ian ins ins
AL Indication
ER mef medy by phe socian
Chi Sy Sh thy si hysi
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Merica A. C. C. L. Pri
body Sec. (1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.
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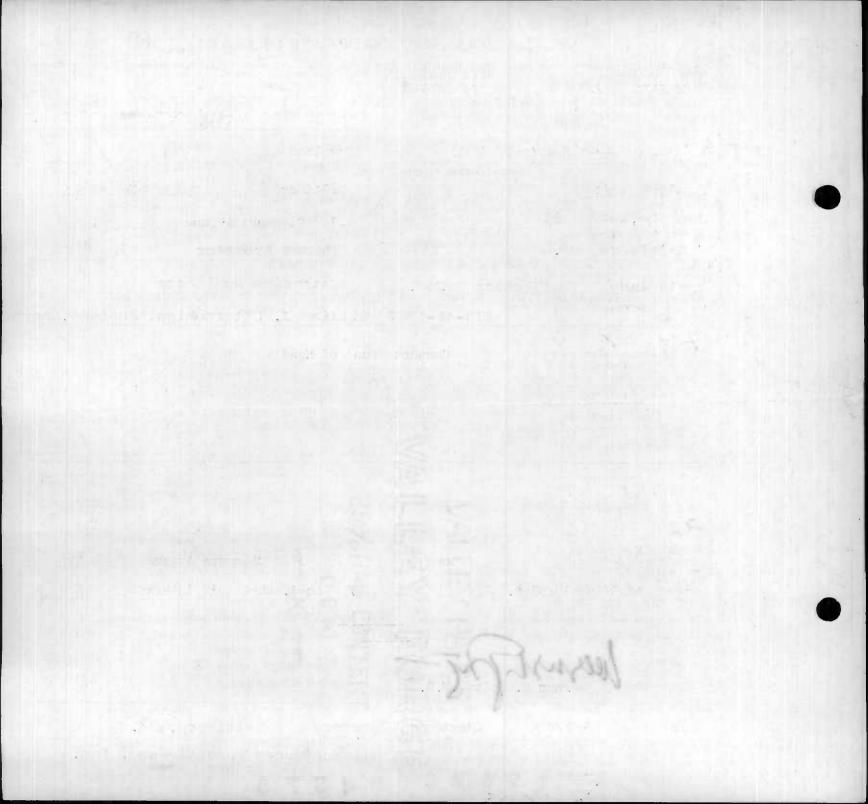
		60) 45	BALTIMORE CITY	HEALTH DEPARTMEN	т		A propagate
BI	RTH NO.	Oc	7 40	CERTIFICA	TE OF DEAT	H REG. NO	69	45//
1.	NAME OF DECE	ASED				E AND HOUR OF DEATH		
1100	ype or Print)	rd Bellest	ri			/28 1 PM	1	
3.	PLACE IN BALTI	MORE, MARYLAND, V	HERE PRON	DUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, If in	nstitution; residence t	belore admission)
FL	JLL NAME OF	IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Maryland		17	-0-3
IN	ISTITUTION	ADDRESS OR LOC	A IION)		C, CITY OR TOWN		IDE CITY LIMITS?	
1	3.3				Baltimore		YES 🔀 N	10 🗌
		Hopkins I	Hospit	al	841 N. Co	er Ollington Av	en.	
5.	SM	RACE		NEVER MARRIED	8. DATE OF ABIL	9. AGE fin/yeors	If Under 1 Yr.	If Under 24 Hrs.
10/	A USUAL OCCUP	A TION (Give kind of worl	WIDOWED	DIVORCED DIVORCED DIF BUSINESS OR INDUSTRY		65,		
do	ne during most of wa	rking life, even if retired)	TOR KIND C	L BOSINESS OK INDOSIKI			12. CITIZEN OF W	HAT COUNTRY
L	Barbe		self-e	employed	Baltimore	, Md.		
13.	FATHER'S NAM				14. MOTHER'S MAIDEN			
	Set	pastian Be	llestr	i	Eliz	abeth Silves	stri	
15.	Was Deceased E	ver in U. S. Armed For f yes, give war ar dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	no	yes, give war ar dole		SECURITY NO. 2-18-9601	DAL 3 D. 3.	Austra D. 33 a.s.		
_	18.	(N .	2.1	CAUSE OF DEATH		dwin Belles		
	1341	OR CONDITION DI	FATIV	CAUSE OF DEATH			APPROXIA	MATE INTERVAL
		ADING TO DEATH	ECILI		Hypotens	ion.	2lth	urs
	(This does not	mean the made of	dying, e.g.	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:			
	injury or campl	thenia, etc. II means icalian which caused	the disease	,	CONSEQUENCE OF:			
ANTECEDENT CAUSES suspected intracrainial mass								onths
DISPASES OF CONDITIONS II								711 0115
DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the								
UNDERLYING CONDITION last. (C)								***************************************
z		11						
ERTIFICATION	IO THE DEATH	ANT CONDITIONS COL	IF TERMINAL	Aspirat	ion pneumon	า๋ล	1	
CA	DISEASE OR COM	PERATION 198 CON	1 (A).					***************************************
TIF	27	WAS PERF	ORMED	WHICH OFEKATION	Y es	No. 208 IF YES WERE IN CERTIFYING CAL	INDINGS CONSIDE	NO
CE	21A. ACCIDENT	WAS UNDERLYING	21 E	PLACE OF INJURY (e.g., In	- 02	2 01 4 0 10		
CAL	OR CONTRIBUTA	NGI I CAUSE OF	hon	ne, tarm, tactary, street, att	ce bldg., INJURY OCCUR	fit in patitimore	e City, give exact loca	otian)
DIC		Aanth) (Day) (Year)						
MEDI	OF INJURY	rianin) IDay) ITean		INJURY OCCURRED		INJURY OCCUR?		
	(APPROX)		Wo	ile At While				
	22. I certify th	at (1) (this hospital)	ottended t	he deceased from 4	120	19_69to_4/	28	19 69
		st saw the decease			10			
and hour and from the causes stated above. (I) (We) (did) (did) view the body after death.								on the date
23A. SIGNATURE 23B. DATE SIGNED								
	23 C. PHYSICIAN		10 mies	DEGREE Phys.	Director L	Staff Phys.	4/28/69	1
	NAME IType)	200 0 = = =		3D. ADDRESS	T7 3		
244	IV.			ey, M.D. DEGREE		Hopkins H o	spital.	
	REMOVAL (Spe	TION, 24B, DATE		AME of CEMETERY OF CREA			y, tawn, or county)	(Stote)
	Burial	5/3/69	Bal	timore Ceme	tery	Baltimore, N	Md.	
25A	DATE REC'D BY	HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECT		ADDRE	SS
VS 1	150-REV. 1/1/68		Bush to Maria	D. ALANTIN AL	CI ZOULE	Madison St.		



U-345

69 4578 BALTIMORE CITY HEALTH DEPARTMENT

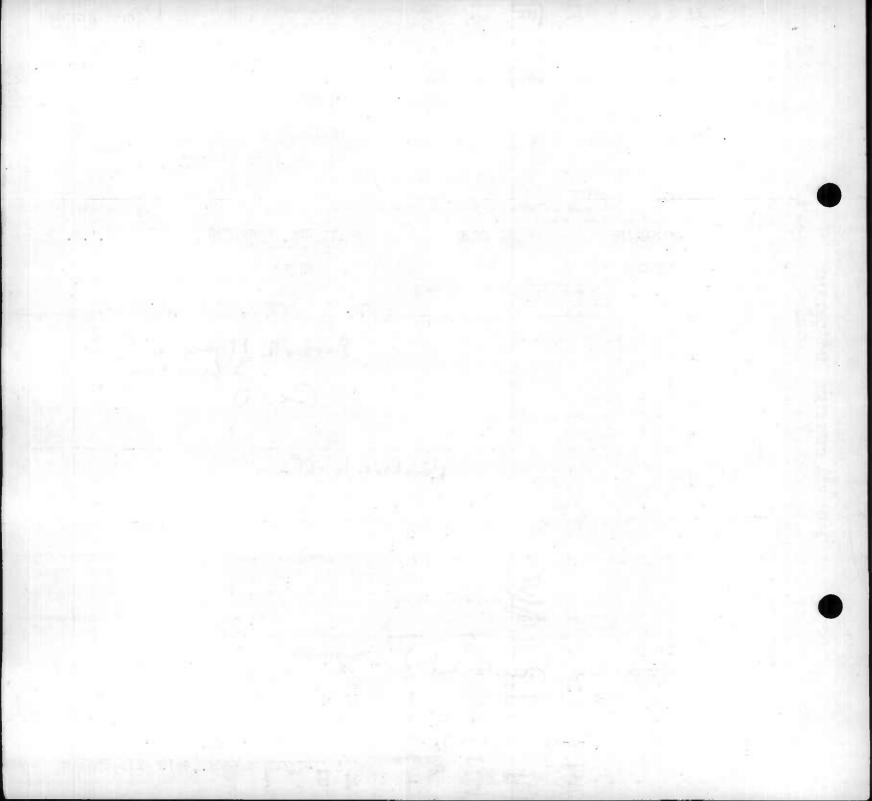
	EXAMINER'S			DEATH	1	69	4578	
BIRTH NO.					REG. NO.			
I. NAME OF DECEASED (Type of Print) CECILIA LOUISE	UTTERMOHLEN UTTERMOHLEN	2. DATE OF DEATH	Known Estimoted	Month	Doy	Year	Hour	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		3. DATE		Month	Doy	Yeor	Hour	241.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI' HOSPITAL ADDRESS OR LOCATION)	TUTION, GIVE STREET		NCED DEAD	April	,	1969	10:50	- M.
Union Memorial Hospital	(DOA)	A. STATE Mar	SIDENCE (Where yland		ed. It institution	: residence	27-	4 6
	D NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?		
female white widows		Ra	1timore		VI	s 🗓	NO 🗆	
9. DATE OF BIRTH 10. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.		ND NUMBER		"	-3 LAJ	110	
June 26,1947 21'			22 Glenmo	re Avei	nue			
Baltimore, Md.	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	s NAME homas Br	ewste	r			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	AE				
done during most of working life, even if retired) Saleslady Stewi	art & Co .	C	atherine	Robi	nette			
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	18. INFORM	ANT		Al	DDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service)	219-46-1787	Will	iam J. U	Jtterm	ohlen.	hus	band.a	abox
19. F 955 X	CAUSE OF DEA					Al	PPROXIMATE INT	TERVAL
DISEASE OR CONDITION DIRECTLY	Gunshot	Wound o	f Head			_ 1		
LEADING TO DEATH	(A) IMMEDIATE C							
(This does not meon the mode of dyIng, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused deoth.)	DUE TO, OR A	AS A CONSEQI	JENCE OF:					
mijory of complication which coosed death.)								
ANTECEDENT CAUSES	(B)	AS A CONSEC	TIENCE OF					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DOL 10, 0K	AS A CONSEG	TOENCE OF.					
UNDERLYING CONDITION LAST.	(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION F								
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************							
20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or	. No)
100							Yes	
O INDERIVING TOR CONTRIB	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, offic	in or obout 2: e bldg., etc.) 11	JURY OCCUR?	lf in Boltimore	City, give exc	cl locotion)	7-45	
☐ UTING ☐ CAUSE OF DEATH.	home		3722 G	lenmore	Avenu	e ^	1-10	
OF INJURY	WHILE AT NOT	WHILE 2	2F. HOW DID IN.					
(APPROX.) 4/28/69 10:35 P.,	n. WORK AT W	WHILE X	Subj. sh	ot sel:	f in he	ad		
I certify that I held on Inquiry	Inspection Au	topsy X	and that on th	nis bosis,	eoth In my	opinion		
	Aceident Suicio		micide 🔲	Undetermin	ed monner			
			HIEF MEDICAL E					
ACTUAL TIPE MY	101-	ASSIS	STANT MEDICAL E	XAMINER	X		DATE SIGN	IED
SIGNATURE EXAMINER'S Werner II	M.D		CIATE MEDICAL E	XAMINER			4/29/	69
EXAMINER'S Werner U. S	bres 24.p.	7,550						
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	n, or county) (Stote	e)
REMOVAL (Specify) Burial 5/3/69	Parkwood (ore, M			
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	RE OF REGISTRAR	25C. F	chimunek 3331 E	Fune	ral Ho	ome,	Inc.	
VS 151-REV. 1/1/68	0 7 0	0 0	5 7 0					



4 = 1010	
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-2010	_

L_	425	00	BALTIMORE CITY				00	AFMO	
BIRT	TH NO.	69 43	79 CERTIFICA	TE OF	DEATH	REG. NO.	- 63	4579	
1. N	1. NAME OF DECEASED				2. DATE AND HOUR OF DEATH				
ROSELYN GOLVSCHEIVER					MAY 1,			9:05 A. M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					B. COUN	e deceased lived. I	I institution: reside	ence before odmission)	
					YLAND	1	21	1-70	
IN S	NOITUTION			C. CITY OR T	TIMORE	D. II	VSIDE CITY LIMIT!	NO 🗌	
L	BELVEDERE NURSIN	G HOME			ND NUMBER				
6	10			584	9 WESTERN	I RUN DRIV	E		
. 5		7- MARRIE	D NEVER MARRIED	B. DATE OF		ost birthday)	If Under 1 Months Day	Yr. If Under 24 Hrs.	
	USUAL OCCUPATION (Give ki	-		2 3 DIRTHRI A	Cr (C) 1 fi	69	110 CITATEN	OF WHAT COUNTRY?	
	during most of working life, even		OF BOSINESS OF INDOSIKI	II. BIKIHILA	CE (\$101e of foreig	gn country)	12, CHIZEN	OF WHAT COUNTRY	
2 .	HOUSEWIFE	AT	HOME	BALTI	MORE, MAR	RYLAND	u	1.S.A.	
J.	FATHER'S NAME				S MAIDEN NAM	16			
5 1	UNKNOWN Was Deceased Ever in U. S. A	amed Forces?	1 6. SOCIAL	17. INFORMA	NKNOWN		AD	DRESS	
Yes	, no oi unknown) (If yes, give w	or or dates of service	SECURITY NO.						
	NO IB.		CAUSE OF DEAT		NE BERGET	R. 8501 LI		PPROXIMATE INTERVAL	
	DISEASE OR CONDIT	LION DIRECTLY	CAUSE OF DEAT					VEEN ONSET AND DEATH	
	LEADING TO		stable	Myoca	Mul	2			
	(This does not mean the heart failure, asthenia, etc.			A CONSEQUEN	ICE OF:	Dare	Fin		
	injury or complication which				0.	0		>	
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							4		
	DISEASES OR CONDITIO		he DOE 10, OR AS	A CONSEQUE	NCE OF:				
UNDERLYING CONDITION Jost. (C)									
Z	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTION	G (). 10.	10- 00	letus				
ATIO	TO THE DEATH BUT NOT RELA	m / w				•••••			
FIC	19A. DATE OF OPERATION		R WHICH OPERATION	20A. AUTO	OPSY? (Yes or No.	10 CERTIFYING	RE FINDINGS CO	NSIDERED TH?	
E.	21A ACCIDENT WAS UNDE	NING 🗆	1B. PLACE OF INJURY (e.g.,	in as about 21 C	WHERE DID	Uf to Relati	- City store	()	
_	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSI DEATH (notify medical examin	OF	tome, form, foctory, street, o	ffice bldg., INJ	URY OCCUR?	(II IN DOIN	nore City, give ex	act lacation;	
Dic	21 D. TIME (Month) (Doy	617	TE. INJURY OCCURRED	21 F.	HOW DID INJU	URY OCCUR?			
	OF INJURY (APPROX.)		While At Not Whi	le 🗀					
	22. I certify that (I) (this		Work L At Work			9 to		19	
	that (1) (we) last sow the						oninian death o		
	and hour and from the cou					31 111(my) (001) (oprinian acom o	ccorred on the don	
	23A. SIGNATURE	0	(1) (110) (010) (010 110)	S. Pat	tite		23B. DATE SI	IGNED	
	Stanle	110,00	Dh.	ending X	Med.	Shaff Phys.	5-	1-69	
	23C. PHYSICIAN'S	7 /1000	DEGREE	23D. ADDRESS		,			
	NAME (Type) STANI	EY STEINBA		11 SL	ADE AVENU	UE			
24A	BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24C	NAME of CEMETERY OF CR	EMATORY	24D. LC	CATION	(City, town, or co	ounty) (State)	
	and a company of a	-2-69 B	ETH TFILOH		BALT	TIMORE, MA	RYLAND		
25A	DATE REC'D BY HEALTH D	25B. NAM	E OF REGISTRAR	25C. FUN	ENT NOON	c RDAC //	10 DETCTI	ADDRESS ERSTOWN ROAD	
	MAI 5 1	969	AT & SPARENCE	81-1901	ENTROOM	a brus., bu	IN VETSIE	- IOTOWN KOPA	

VS 150-REV. 1/1/6B



or contributing cause of death

and

Such

was in regular attendance on the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

Also,

examiner.

the body was released to the hospital by a medical

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

K-410 69 4580 C	ERTIFICAT	TE OF DEATH	REG. NO	69 4580
1. NAME OF DECEASED (Type or Print) WALLIAM H. KIRBY SR.			NO HOUR OF DEATH	19 930 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED I	DEAD		re deceased lived. If ins	titution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, C		A. STATE B. COUN	000	52-10
HOSPITAL OR ADDRESS OR LOCATION)	PLA E 21KFF1	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
BALTIMORE CITY HOSPITALS	Bex.	ANNAPOLIS		YES NO
3/ 4940 EASTERN AVE.		E. STREET AND NUMBER		
	1224	17 FRANKLIN ST	9. AGE (In years	
MAKRIED ESTIVEY	DIVORCED	11-29-96	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE WIDOWED OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINES)		11. BIRTHPLACE (State or fore	72 ign cauntry)	12. CITIZEN OF WHAT COUNTRY?
STERM FITTER PLUMBING	=			
3. FATHER'S NAME		MARYLAND 14. MOTHER'S MAIDEN NA	ME	U.S.A.
All DIDS STORMS		T. 0000		
CHARLES KIRBY S. Was Deceased Ever in U. S. Armed Forces? 16. SOC	CIAL	LOTTIE OVER		ADDRESS
Voo 1.1.1 TAT	URITY NO.	2011 2010 4010	4940 EASTERN	
/20	-16-7969	BCH RECORDS:	BALTIMORE, N	ARYLAND #21224
DISEASE OR CONDITION DIRECTLY	AUSE OF DEATH		,	BETWEEN ONSET AND DEATH
LEADING TO DEATH	IMMEDIATE CALIS	E Cerebral suffer	uction	22 doys
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication which caused death.)	0:1-	0	,	
ANTECEDENT CAUSES	(8) (4) cuttern	al caroted occ	lusion	
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	DUE TO, OR AS A	A CONSEQUENCE OF:		
ATTACANA AND AND AND AND AND AND AND AND AND	(c)			
- II	010	^		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Keticule	in cell saic	ma	10 mos.
U DISEASE OR CONDITION GIVEN IN PART I (A).	OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (YES	IN CERTIFYING CAU	SES OF DEATH?
	OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimare	City, give exact location)
DEATH (notify medical examiner)	locidly, sheet, only	te siog., Intoki occok.		
	OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While At Work	Nat While At Work			
22. I certify that (1) (this haspital) aftended the dece			19 69 to 4	128 19 69
that (1) (we) last saw the deceased alive an	28	19 69 and th	nat in (my) (aur) opin	ian death accurred an the date
and haur and fram the causes stated above. (1) (We) ((did) (did nat) vi			
23A. SIGNATURE			\ /	23B. DATE SIGNED
Senjainin Jelhuer, Itis.	OEGREE Phys.		Staff Phys.	4/28/69
23 C. PHYSICIAN'S NAME (Type)		BATT TMO	BE CITY HOSE	PTITATE

BURIAL

BURIAL CREMATION, 248. DATE REMOVAL (Specify) MAY 2

MD

LEC HNER

24C. NAME of CEMETERY OF CREMATORY LEN

BALTIMORE 2SC. FUNERAL DIRECTOR

BALTIMORE CITY HOSPITALS

MD

25A. DATE REC'D BY HEALTH DEPT.

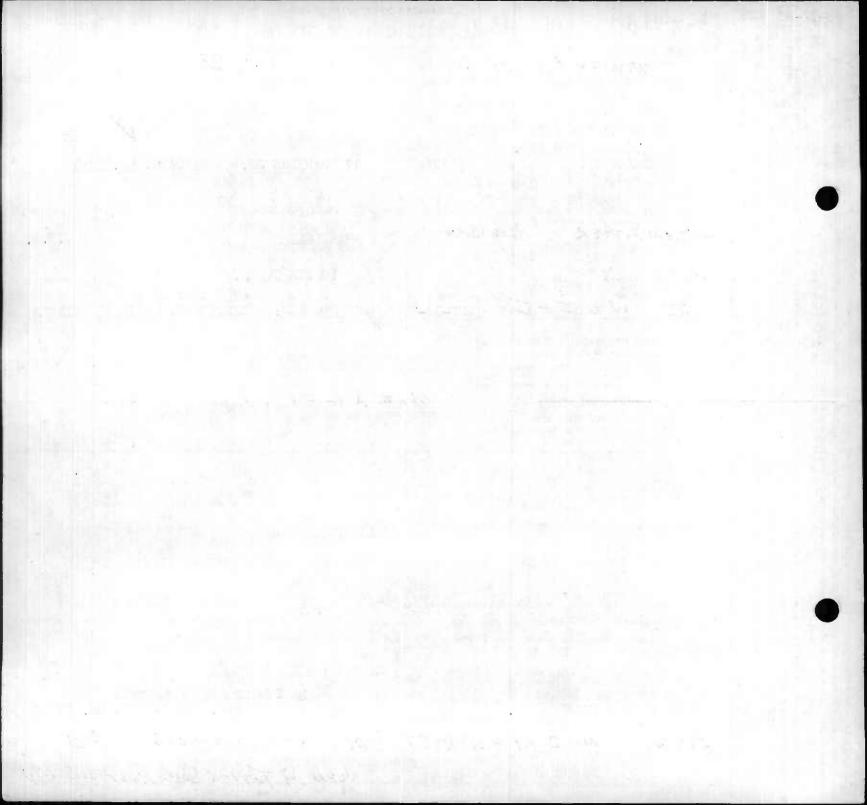
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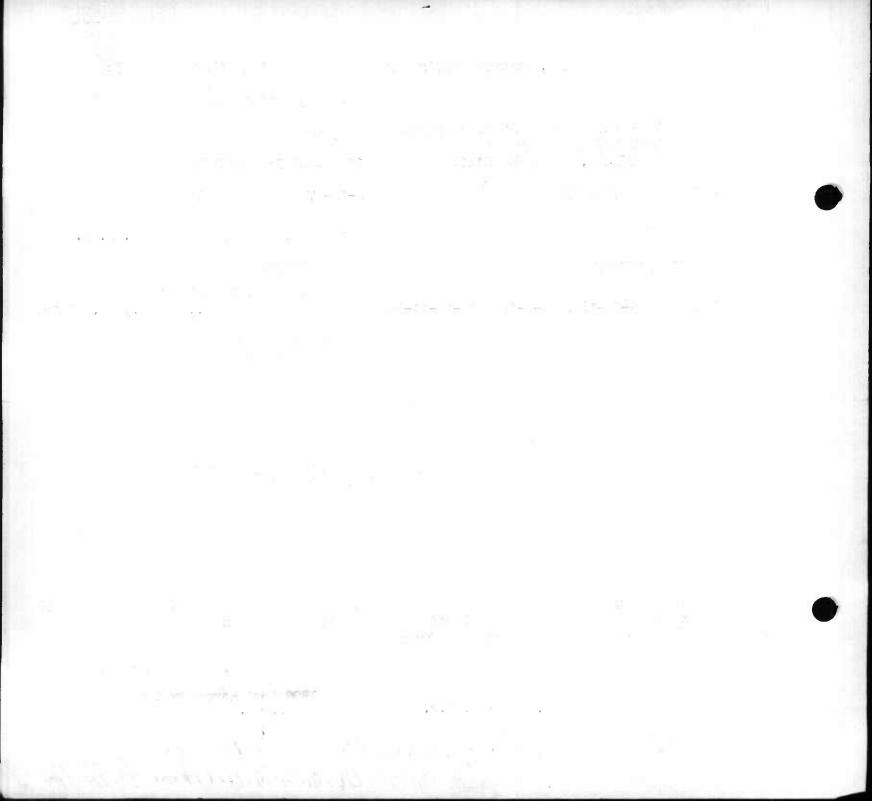
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BENJAMIN



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	be pi
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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		69	458		Y HEALTH DEPARTMENT	REG. NO.	69 4581
	RTH NO.			CERTIFICA	TE OF DEATH		
	PAME OF DE		01	10110		ND HOUR OF DEATH	1
-	21 1 22 11 24			rt Curtis Sr	2 M	. ,	5:00 A M
FL	ILL NAME OF OSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC		OUNCED DEAD	MARYLAND BA	LTIMORE CITY	1) 01
IN	V.	ETERANS ADMIN	ISTRATI	ON HOSPITAL	C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
		900 LOCH RAVE			BALT IMORE E. STREET AND NUMBER		YES X NO
5.	X B	ALTIMORE, MAR		21218	1104 WEST 38T		
A	MALE	CAUCASION	WIDOWED		8. DATE OF BIRTH 4-14-97	9. AGE (In years lost bisthdoy) 72	ff Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
dos	during most of CLECTRIC	working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore BALTIMORE, MA		U. S. A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA		
		LAFFERTY			ANZO PLETZER		
	s, no or unknown	Ever in U. S. Armed For Off yes, give wor or date 2-28-16 TO		16. SOCIAL SECURITY NO. 212-10-11-36	1	SPITAL RECOR	
_	1B. //	2-20-10 10	0-1-17	CAUSE OF DEAT	3900 LOCH RAV.	EN BLVD., BA	LTO., MD. 21218
	17.11	SE OR CONDITION DI	RECTLY	CAUSE OF DEAT	Arteriosclero	tic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does i	LEADING TO DEATH nal mean the made of asthenia, etc. 11 means	dying, e.g.,	CILL BO OF TO	SE nephroscleros:	is with urem	ia 4 years
	injury at can	aplication which caused	death.)				
				(B)			
	rise la lh	OR CONDITIONS, if above cause (A) G CONDITION (ast.	any, giving stoling the	(C)	A CONSEQUENCE OF:		
ATION	TO THE DEAT	II ICANT CONDITIONS COL H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR	IE TERMINAL	Arteri Cerebr	osclerotic hear	t disease osis	
CERTIFICATION		OPERATION 198 CON WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	IOR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF medical examiner		ie, farm, foctory, street, a	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoci locotion)
MEDICAL	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ile At Not While the At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify	that (X (this hospital	ottended t	he deceased from	9 APRIL 1	19 69 to 2	MAY 19 69
		lost saw the decease			1-		on death occurred on the date
					lew the body after deoth.	in traft, facily obitin	avam occurred on the dots
	23A. SIGNATU	RE		- (a) (a.a) (management) V	ion the budy diret decin.	1	23B, DATE SIGNED
				Atte	nding Med.		
	23C. PHYSICIA	N'S	1. 111	DEGREE Phys	. Director L	Staff Phys.	5/2/69
	NAME (I	RALPH I		ING, M.D. DEGREE	3900 Log BALTO, N	ch Raven Bou	levard
24A	REMOVAL (MATION, 24B. DATE		DEGREE			town, or county) (State)
25A		BY HEALTH DEPT. AY 5 1969	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR	20 110 1119	DADDRESS No.1
VS	150-REV. 1/1/6		STEKE AV	AC. GOVERNO	A NORTH TO	nevel ton	16 102/12/114
				1.11 /1	111111111111111111111111111111111111111	7-0	



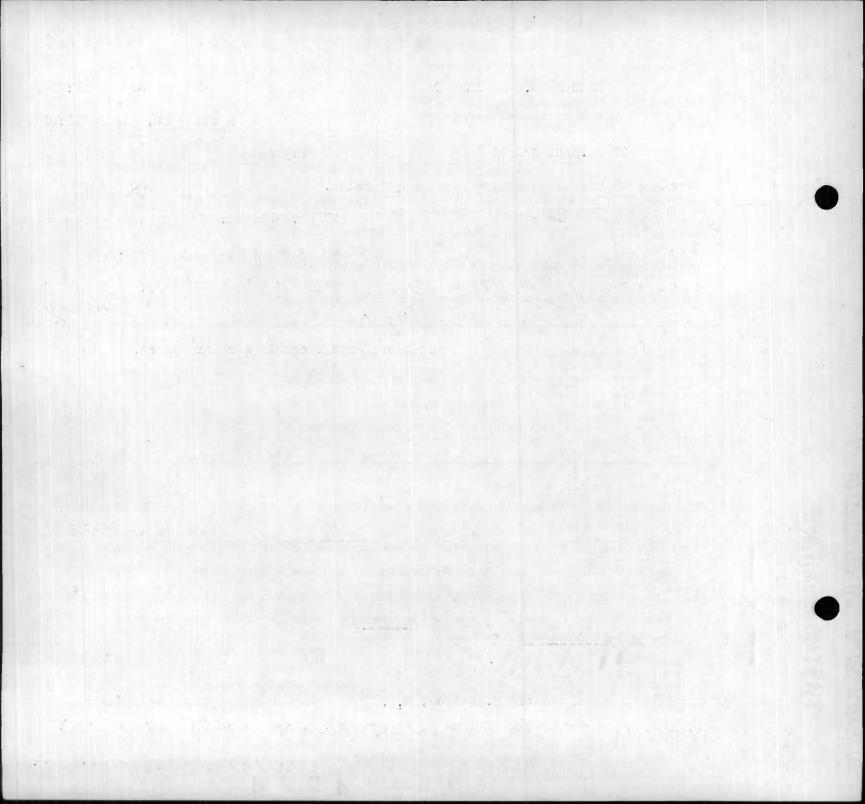
G-416

69 4582 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

69	4582
110	4004

BIR	RTH NO.	KEG. NO	
	NAME OF DECEASED MARION C. GILBERT	2. DATE Known K Month Day OF DEATH Estimoted 4 30	Yeor Hour 12:35 p.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FUL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD April 30,	1969 12:35 p
OK	INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution:	residence before odmission)
(927 St.PAUl Street	A. STATE Maryland B. COUNTY	11-61
6. 5	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
	Female White WIDOWED DIVORCED	Balto. YES	No 🗆
9. [DATE OF BIRTH 10. AGE (In years ff Under 1 Yr. ff Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER	
5	-20-1893 2083	927 St. Paul St.	
11.	BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAJ COUNTRY?	WILLIAM HOWARD	COK
5 A A	.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		-00/
	e during most of working fife, even if retired)		7
	MILLINER MARTIN HESS	LYDIA FOWLER	-
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service) NO 217-16-1384	KENNETH V. O'CONNER	PRESS 4417 MARX
	19. / CAUSE OF DEA		APPROXIMATE INTERVAL
	4 1 2 41		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arterio	sclerotic cardiovascular diseas	se
	LEADING TO DEATH	CAUSE	
	(This does not meon the mode of dying, e.g., heort foilure, osthenlo, etc. If meons the diseose, injury or complication which coused death.)	AS A CONSEQUENCE OF:	•
	ANTECEDENT CAUSES (R)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Ó	(C)		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
Ē	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AC PEDEODATO	21. AUTOPSY? (Yes or No)
SE SE	205. CONDITION FOR WHICH OPERATION W	AS PERFORMED	ZI. AUTOPSY? (Tes of No)
			Partial
O	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office)	in or obout 22C. WHERE DID (If in Boltimore City, give exect to bldg., etc.) INJURY OCCUR?	locotion)
MEDI	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INJURY	WHILE	
	(APPROX.) m. WORK AT V	VORK LJ	
	23. I certify that I held on Inquiry Inspection P Au	ond that on this basis, death in my o	ninion
	resulted from Notural couses XX Accident Suicia		
		CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.C	ASSISTANT MEDICAL EXAMINER	57112 5151725
	FYAMINED'S	ASSOCIATE MEDICAL EXAMINER	
	NAME (Type) Edward F. Wilson, M.D. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	4,	/30/69
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	
1	MOVAL (Specify) REMATION 5-2-1969 GREENMOUL	YT CREMATORY BALTO, MA	RYLHND
25/	A. DATE RECID BY HEALTH DEPT 258. NAME OF REGISTRAR	125C FILNERAL DIRECTOR AD	DRESS
	MAY 5 1969 Nichat E. Janber	No COOK-BROOKS TOWS	ON 1050 YORKRD
-	151.RFV 1/1/68		21284



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

	Y HEALTH DEPARTMENT	1 - 1
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 65	4583
I, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
Charles Lee TAWNEY	4/29/69	412
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution	n: residence belore admission)
FULL NAME OF OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	md. COUNT BALLY MORE IL	1200 0 W. TOO
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CIT	
118	Marriottsville YES	
Maryland General Hospital	E. STREET AND NUMBER	II NO DE
	WARds Chapel Road	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH IN LACE OF THE	nder 1 Yr. , Il Under 24 Hrs.
WIDOWED N DIVORCED	3/21/89 lost birthdoy 80 Mont	hsi Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		TITIZEN OF WHAT COUNTRY?
Retired Carpender	Haryland	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
William Tawney		
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Well and Command	ADDRESS 7 4302 Auntan
NO 216 10 1060	Mary unknown 17. INFORMANT / Helen Ridgely (daughte	owe manian
18. CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	9 1	
(A) IMMEDIATE CAI		shout 4 day
heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above couse (A) stating the	A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)	***************************************	
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	schrotie cardio vascular disea	
U 104 DATE OF OREATION 100 CONTINUE		
WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
U 121 A. ACCIDENT WAS INDERLYING TO 1218 STACE OF INTURY	7.0	
OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, of DEATH (notify medical examine)	ffice bldg., INJURY OCCUR?	give exact lacallon)
O I was in the contract of the		
21D. TIME (Month) (Doy) (Yeorl (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work	• 🗆	
22. I certify that 例 (this hospital) ottended the deceased fram	4 (26 / 1969 to 4/29	1965
that (We) last saw the deceased alive an 4/29	19 69 and that in (my) (aur) apinion de	/
and haur and from the causes stated above. (1) (We) (did not) v		sem accoured dil the dolla
23A. SIGNATURE		ATE SIGNED
Churchen Tsa: M.D. Atte	anding Med. Staff	11/20/60
23C. PHYSICIAN'S	s. Director Phys. 220. ADDRESS	4/29/09
Ching-Hui Tsdima	M. D. 12 011	1-1-0
24A, BURIAL CREMATION, 124B, DATE 124C NAME OF CRAFTERY OF CRE	MATORY 24D. LOCATION (City town	prac
REMOVAL (Specily)	Account 1 24D. LOCATION (City, town,	or county) (Stote)
Burial 5-2-69 old Oakland	cornelly sylasville	TILA.
25A. DATE RECOPEY HEALTH DEAT 25B NAME OF REGISTRAR 25B	135C. FUNERAL DIRECTOR	ADDRESS MA
M. D. G. C.	A MUNIE W. SHOLMIT LYK	evelle Tila.

Charles L TAWNEY

Md. BAHimore Marriottsville 4 WARDS Chapel Road

U.S.A.

216 10 1060

Penial 5-2-69 old salland Cometen Sylpanita,

J-250

69 4584 BALTIMORE CITY HEALTH DEPARTMENT

		M		EXAMINER'S	CERTIFI	CATE OF	DEAT	H PEG NO	59 4	1584
BIR	TH NO.							KEO. 140.2		
	AME OF DEC	EASED			2. DATE	Known XX	Month	Doy	Yeor	Hour
{lyp	e or Print)	WANDA	JACKSO	N	OF DEATH	Estimoted	4	30	69	2:00 a
4. F	LACE IN BAL	TIMORE, MARYLAN	D, WHERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
	L NAME OF	(IF NOT IN HO	SPITAL OR INST	TUTION, GIVE STREET	PRONO	UNCED DEAD	Apt	ril 30,	1969	2:00 a
	SPITAL INSTITUTION	ÀDDRESS OR I	LOCATION)		E HEHAL	RESIDENCE (Where				
		1 77			A. STATE		e deceosed in	B. COUNTY	: residence b	erore odmission)
	Cr	und Home 8	x Hospita	al D.O.A.		Maryland				d0
6. 5	EX	7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE CI	TY LIMITS?	
]	Female	White	WIDOW	ED DIVORCED	Ва	lto.		VE	s 🗹 n	10 D
9. D	ATE OF BIRT		GE (In years	If Under 1 Yr. If Under 24 Hrs	E. STREET	AND NUMBER		1		
	JULY 8	1467 lost bi	irthd oy)	Months Doys Hours Min.	2	15 S. Durh	am St			
_		itate or foreign coun	teu	12. CITIZEN OF	13. FATHER		iam bt.			
				WHAT COUNTRY?		AXWELL	. 41	EGRANI	OF	
		TIMORE	MD						-	
done	USUAL OCCU	PATION (Give kind of vorking life, even if ret	work 14B. KIND	OF BUSINESS OR INDUSTR		R'S MAIDEN NAM	ME	1150 01	/	
0.000		VONE		CH141)	1	UKLYN	VAC	KSON		
	WAS DECEAS	ED EVER IN U.S. AT		? 17. SOCIAL	19 INIEOD	MAANIT		AF	DDECC	
(Yes		(If yes, give wor or o	dotes of service)	SECURITY NO.	ALICE	TACKSO	N9.	S DUR.	HAM	57
	NO	1 = 1		CAUSE OF DEA		THERSE	.,			PROXIMATE INTERVAL
	\times	90X		CAUSE OF DEA	AID					EEN ONSET AND DEA
	DISEAS	E OR CONDITION	DIRECTLY							
		LEADING TO DEAT		(A)IMMEDIATE	CAUSE Car	on monoxi	de poi	soning		
		ot meon the mode, osthenio, etc. It meo			AS A CONSE					
		nplication which cause								
		NTECEDENT CAUSE OR CONDITIONS, 11		(B)	AS A CONS	QUENCE OF:				
	RISE TO THE	E ABOVE CAUSE (A) STATING THE	202.0, 0.		.4021102 011				
z	UNDERLYIN	NG CONDITION LA	AST.	(C)						
임		11								
 		HEICANT CONDITION								
문		ATH BUT NOT RELATE CONDITION GIVEN		NAL						
CERTIFICATION				OR WHICH OPERATION V	AS PERFOR	MED			21. AUTOI	PSY? (Yes or No)
빙	0									NO
	22A. FXTER	NAL CAUSE WAS	T,	OOD DIACE OF INITIDAL's -	'bil	22C WHERE DID	/If := D = lat == =	City -ty-	at location \	NO
O	E-11 E14	OR CONTRIB-		22B.PLACE OF INJURY (e.g. home, form, foctory, street, off	ce bldg., etc.)	NJURY OCCUR?	(II IN BOITIME	ire City, give exo	ci locollon)	2)
03		USE OF DEATH.		Home		215 S.	Durhar	n St.	-	May .
	OF INJURY	(Month) (Day)	(Yeor) (Hour		-	22F. HOW DID IN	JURY OCC	UR?		
	(APPROX.)	4 30	69 2:0	O. WHILE AT NO	WORK XX	Conf1	agrati	ion		
	23.						-0			
	1 cert	ify that I held an	Inquiry [Inspection XX A	utapsy 🗌	and that on t	his basis,	deoth in my	opinion	
				Accident XX Suici	do H	amicida 🗍	Undeterm	ined manner		
	resui	Ted Trolling	200363	Accident Lana Sole	de 🗀 🔟					
	ACTUAL	Q V	+1/1			CHIEF MEDICAL E				DATE SIGNED
	SIGNATI		7 100	M.	D. ASS	ISTANT MEDICAL E	EXAMINER	XX		
	EXAMIN	- 64			ASS	OCIATE MEDICAL E	EXAMINER			
	NAME (1		ard F. V	Wilson, M.D.					0/69	
	BURIAL CRE	MATION, 24B. DA		24C. NAME of CEMETERY	or GREMAT	SRY 24D.	LOCATION	(City, town	, or county)	(Stote)
KE/	AOVAL (Speci	Dr MA	4 1 1410	CREST LAW	NGAR	DENS R	TH L	10 WE	57	MA
25	DATE DECID	PY HEALTH DEEP	1 1107	01.0			7			, 0
254	. DATE REC'D	BY HEALTH DEPT.	258. N	AME OF REGISTRAR	25C.	FUNERAL DIRECTO	OR CAL		DDRESS	A 0 (100
		1AY 5 198	18 (1.7.D.	et L. Jarber	17-11.01	PPEC BA	YOU IN	- 1500	EYC	1 S MAD
VS	151-REV. 1/1/68	3 N	7 0	A 9 0 1	0 4	17	1			
		1190	03 3/1 6	the garden of	. 6	2 1	d			

			AAEF	455		BALTIMORE CITY XAMINER'				DEAT	н	69	4585
BIE	RTH NO. 68	-21095	MILL	ICAL	. L		<u> </u>	LKIIII	CAIL OI	עבאו	REG. NO	-	
1. (Ty	NAME OF DEC	EASED						2. DATE OF	Knawn X	Month	Day	Yeor	Hour
4	PLACE IN RAI	TIMORE MA	AUDRI			ON OUNCED DEAD		DEATH 3. DATE	Estimated U	4 Month	30	69 Yeor	2:00 aM
FUI	LL NAME OF	(IF NO	T IN HOSPIT	AL OR INS		ION, GIVE STREET			UNCED DEAD		30.	1969	2:00 a
HC OR	SPITAL INSTITUTION	ADDRE	SS OR LOCA	ATION)				5. USUAL R	ESIDENCE (When	April e deceosed			
	Ohus	ach Ham	o and	Uo en	i + 1	1 D	O.A	A. STATE	Maryland		B. COUNTY	2	-11)
6.	SEX	7. RACE	e and			NEVER MARRIED		C. CITY OF			D. INSIDE CIT	TY LIMITS?	C. Keel
E	emale	Whit	P	WIDOV	WED	DIVORCE		Balto			YE	s D I	vo 🗆
9.	DATE OF BIRTH	1	10. AGE (I			nder 1 Yr. If Under 24			AND NUMBER				
_	NOV 8	1968			6				15 Durham	St.			
11.	BIRTHPLACE (S	-				CITIZEN OF WHAT COUNTRY?	SV.	13. FATHER	HARLEY	PPO	WN		
144		11001		4D		BUSINESS OR INDI	LICTOV						
don	e during most of w	rorking life, ev	en if retired)	I MD. KIIVI		HILD	USIKI	13. MOTHE	FUELYN	TA	CKSON	1	
16.	WAS DECEASE	ED EVER IN	U.S. ARME	DFORCE	5?	17. SOCIAL							_
(16	s, no or unknown)	(If yes, give v	vor or dotes	or service	2)	SECURITY NO	-00	ALICE	TACKSON	195	DURK	MAN	57
	19	9.0	X		1	CAUSE OF	DEAT	Н				APP	PROXIMATE INTERVAL
	DISEASI	OR COND	ITION DIRE	CTLY									
		LEADING TO				(A)IMMEDI	IATE C	AUSE Car	bon monox	ide po	isoning		
		ot meon the				DUE TO	OR A	S A CONSEC	UENCE OF:				
	injury or com	osthenio, etc oplication which	ch coused de	oth.)									
Н		ITECEDENIT	CALICEC		9								
		NTECEDENT OR CONDITIE		Y, GIVING	;	(B)	O, OR A	S A CONSE	QUENCE OF:				
	UNDERLYIN	ABOVE CA	use (a) sta Íon last.	TING THE		(=)							
O						(C)							
CATION	OTHER SIGN	IFICANT CON											
ᄪ		CONDITION											
CERTI	20A. DATE OF	OPERATION	1 20B. CO	NDITION	FOR	WHICH OPERATIO	N WA	S PERFORM	AED			21. AUTO	PSY? (Yes or No)
							,					WI	ES
SAL	UNDERLYING	NAL CAUSE	WAS TRIB-		22B. hom	PLACE OF INJURY e, form, factory, street	(e.g.,	in or obout bldg., etc.)	22C. WHERE DID	(If in Boltim	ore City, give exo	ct locotion)	2
MEDI	UTING CA	USE OF DEA	TH.	\		Home			215		ham St.	-	
2	OF INJURY	(Month) (D	oy) (Yea	r) (Hou	1	22E.INJURY OCCUR WHILE AT		WHILE	22F. HOW DID IN	AJURY OCC	.UR?		
	(APPROX.)	4 30	69	2:0		WORK	AT W		Conflag	ration	1		
	23.	ify that I h	eld on	Inquiry		Inspection	Aut	apsy XX	and that on	this basis	, death in my	opinian	
		ed from N					vicid		amicide		ined manner	7	
	resum) 1	1362	15	CCIDENTE	orciu	e 🗀 🔟	CHIEF MEDICAL				
	ACTUAL	D/	/ A A	+	-1/	V1 _		ASS	ISTANT MEDICAL		XX		DATE SIGNED
	SIGNATU)			_M.D.		OCIATE MEDICAL				
	NAME (T		Edward	F. W	Ji 1	son, M.D.		ASS	JCIAIE MEDICAL	EXAMINER	4/3	30/69	
	A. BURIAL CREA	MATION, 2	4B. DATE		2	4C. NAME of CEME	TERY	or CREMAT	ORY 24D	LOCATIO		, or county)	(Stote)
RE	MOVAL (Special RID ID	(4)	MAL	1196	9	CREST L	Au	IN GI	PRDENS	RT#	40 W	EST	MD
25	A. DATE REC'D	BY HEALTH	DEPT.	258. 1	NAM	OF REGISTRAR	,,,,,		FUNERAL DIRECT	TOR	A	DDRESS	
		MAY 5	1969	Oto	De	It E. Jank	xu,	17-101			16 1800	ELO.	MBARD
VS	151-REV. 1/1/6B	10/15	-	1	7	6 9 0	1	0 4	65	1			
		N 7 8	6/	1				311		1			

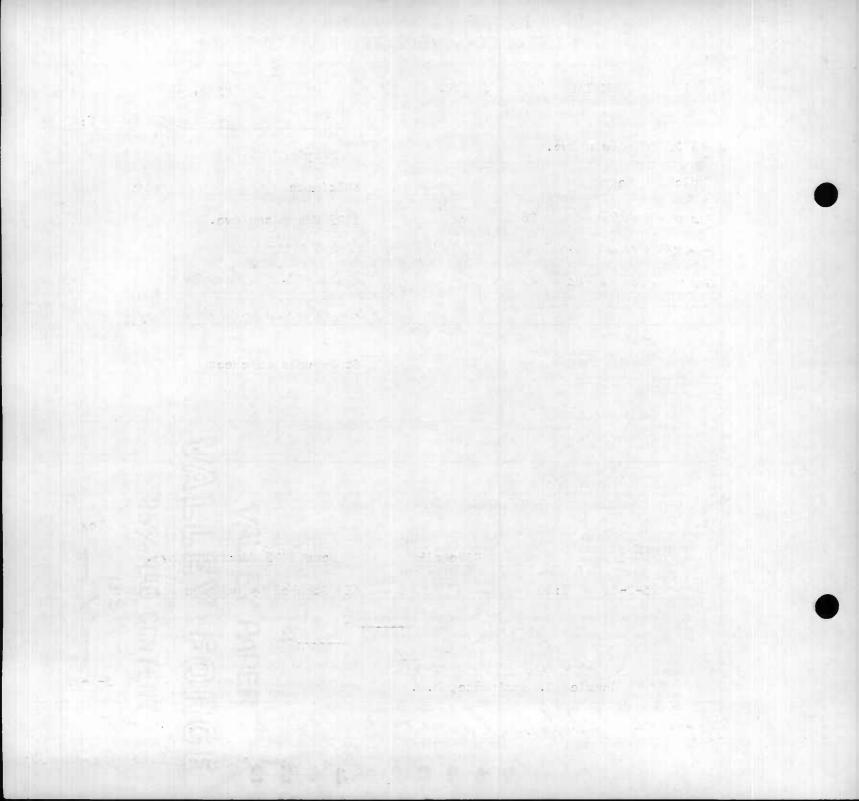
MARLEY BROWN BUCHA MAY LALY CREST LAWN THORS NOW HELD TO

J-635

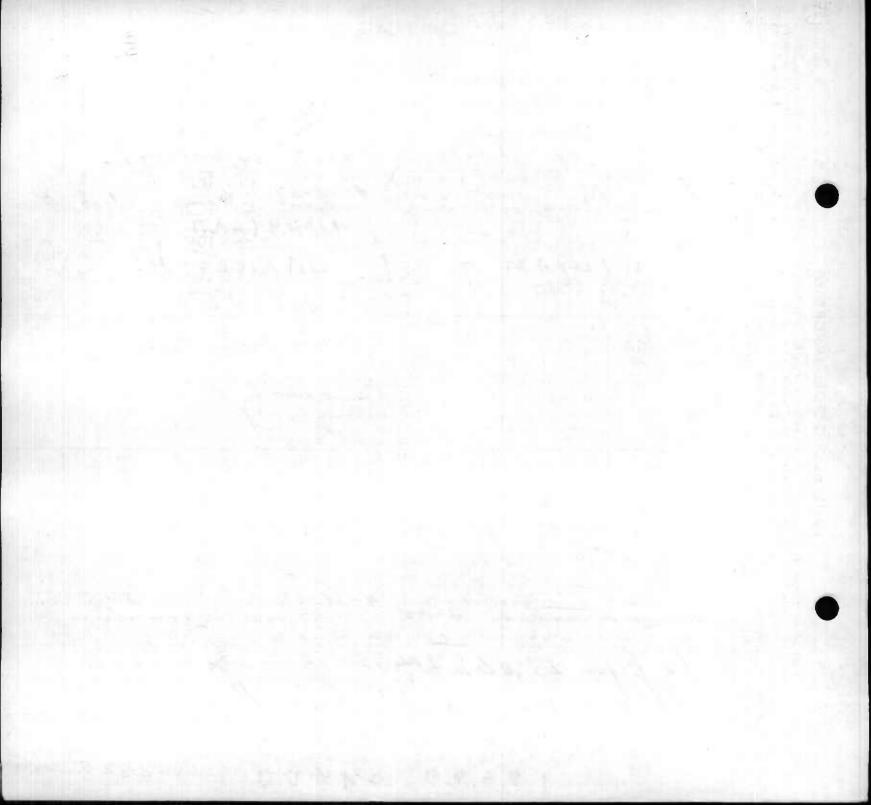
69 4586 BALTIMORE CITY HEALTH DEPARTMENT

69	4586

BIR	TH NO.		MED	ICAL	. EX	AMINE	R'S C	ERTIF	ICATE	OF	DEAT	rH,	EG. NO.	170	200	70
1. [NAME OF DEC	EASED						2. DATE	Knawn	IX	Manth		Day	Year	Haur	
(Typ	e or Print)	OBED	TAH		JC	ORDAN		OF DEATH	Estimate	ed 🗆	May	3,	1969			A.A.
4. 1	PLACE IN BALT			HERE PE				3. DATE			Month		Doy	Yeor	Hour	М.
HO:	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)								UNCED DE		May	3,	1969		7:45	Ам.
OK	INSTITUTION		Λ					5. USUAL A. STATE	RESIDENCE	(Where	deceased		f institution: OUNTY	residence	belore odmi	ssion)
6. 5	1025 Ed	7. RACE	n Ave.	0					Maryla:	nd			NSIDE CIT	TV HAAITS2	6-0	2/_
	Male				p	NEVER MARK	F					J. 1				
		Negro	110 - 0= /:	WIDOV		DIVOR			timore	0.50			YE	s 🔀	NOL	
9. L	ATE OF BIRTH		10. AGE (In last birthday	yeors	Months	Days Hours	r 24 Hrs.		AND NUM		1.5					
	100 10					1			5 Edmo	ndso	n Ave	•				
11.	BIRTHPLACE (S		_			IZEN OF LAT GOLONTRY	/?	1 1	R'S NAME	20	1					
6	ATESU					INT COMNTRY		-								
dang	USUAL OCCUI	orking life, ev	en il retired)	4B. KIND	O OF BU	ISINESS OR IN	NDUSTRY	15. MOTH	ER'S MAIDE	N NAM	AE /	· · b	1)			
4	UTO M	BUNA	VIC Y	EPI	SROS	AUTOS	~pp/4	KIN	in M	9 0	Jon		4~			
	WAS DECEASI , no or unknown)					7. SOCIAL SECURITY I	NO.	MAR.	MANT.	one	DAN	10	25 /	MOM	DSEN	Art
	19.	1//	V			CAUSE	OF DEA							A	PPROXIMATE II	MTERVAL
	7	6 6	A DIRE											DEIV	WEEN ONSET	ND DEATH
		E OR COND LEADING TO		LILY				Sta	bwound	s of	ches	t				
	(This does no	at mean the	mode of dy						QUENCE OF:							
		asthenia, etc plication which														
		NTECEDENT		CIVILIC		(B)	TO OP	AS A CONS	EQUENCE O	c .						
	RISE TO THE	ABOVE CA	USE (A) STAT			000	10, OK	AS A CONS	EQUENCE	F:						
z	UNDERLYIN	IG CONDITI	ON LAST.			(c)										
임			11													
ŏ		IFICANT CON														
E	DISEASE OR	CONDITION	GIVEN IN PA	RT I (A)												
CERTIFICATION	20A. DATE OF	OPERATION	1 20B. CON	IDITION	FOR W	HICH OPERA	TION W	AS PERFOR	MED					21. AUTO	OPSY? (Yes	or No)
	2														Yes	
M		VAL CAUSE			22B. PL	ACE OF INJU	JRY (e.g.,	in ar about	22C. WHER	E DID (lf in Baltim	are Ci	y, give exa	ct lacation)	6-01	1
ă	UNDERLYING UTING CA					idewall			Near 1		Edmon	dso	n Ave	. /	0-01	
Σ	22D. TIME (ay) (Year) (Hau	r) 22E	INJURY OCC	URRED		22F. HOW I	DID IN	URY OC	CUR?				
	OF INJURY (APPROX.) 5	-3-69	1:0	A C		ILE AT		WHILE T	Stabb	ed h	v unk	บอน	n ass	ailani	-	
	23.	3 07	2.0	- 11	m. WO		AT W	UKK LA	beabb		y carre					
	I certi	ify that I h	eld an la	nquiry [nspection [] Au	topsy 🔯	and tha	t an th	is basis	, dea	th in my	apinian		
	result	ed fram: N	atural cau	ses 🗍	Acc	ident 🗌	Suicid	e l	lomicide X	¥ 1	Undeterm	ined	manner [7		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0/	2	R	(0	_	CHIEF MED							
	ACTUAL	(° k	inx		2		-11	ACC	SISTANT MEL			47			DATE SIG	NED
	SIGNATU		400	V_		1	M.D								5-3-69	
	EXAMINI NAME (T	ype)		. Spr		ite, M.I			OCIATE MEI							
24/	BURIAL CREA MOVAL (Specif EMYVUN	y)	5/5/6	9	24C.	NAME of CE	METERY		ORY	24D.	Jou		(City, town			ate)
25/	A. DATE REC'D	BY HEALTH	DEPT	25B. N	NAME O	F REGISTRAR		25C.	FUNERAL I	DIRECTO	OR .	7	, A	DDRESS		
	3 9 9	77	MON.	0.0	30,	S.O. C	revol.	n	Jan h	ne	PH	nge	639	7 9	1LMO.	e st
VS	151-REV. 1/1/68	1/0	1 2 2	1 ,	1 10	7 1		1	0) 4	.5					1

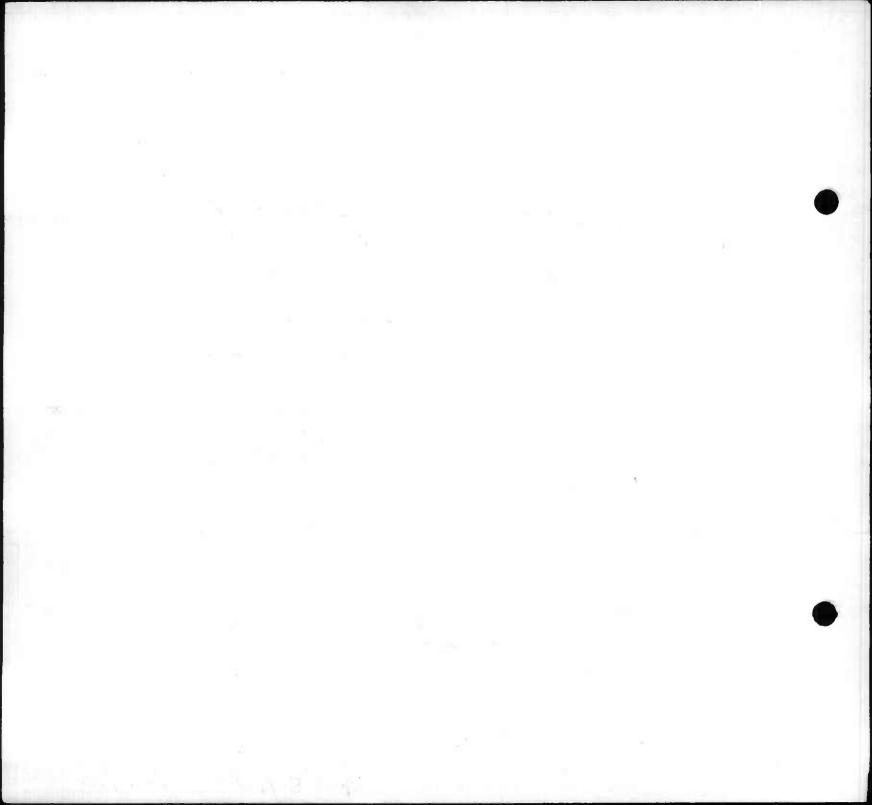


	69	AFR	BALTIMORE CITY	HEALTH DEPARTMENT		69 4587
BIRTH NO. 69,	07460	300	CERTIFICA	TE OF DEATH		4001
Type or Print	269 6	ril	5 Tuck	EY 4	AND HOUR OF DEA	9 4:55P M
3. PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived, I	If institution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MARI		27-16
INSTITUTION	Simar		on tol	c. CITY OR TOWN	D. 1	NSIDE CITY LIMITS?
42	Joris	(2)	12	E. STREET AND NUMBER		- N
	01	120	Ito.	33/3	Dupons	Ane.
5. SEX6.	RACE	7. MARRIED		8. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IGA. USUAL OCCUP	ATION (Give kind of work	WIDOWED	BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or f	areign country)	12. CITIZEN OF WHAT COUNTRY
	rking life, even if retired)			11424	1.4.110	14 & A
13. FATHER'S NAME		_	: 1	14. MOTHER'S MAIDEN N	IAME	1 VUSA
ν	VILLIA	EM i	HUCKEY	JAI	SICE	HOLDEN
	ver in U. S. Armed For f yes, give war or date		SECURITY NO.	17. INFORMANT	ART	ADDRESS
18.	/ /1		CAUSE OF DEAT	1	7 (APPROXIMATE INTERVAL
	OR CONDITION DI	RECTLY		Severe 1	Holivi Ku	BETWEEN ONSET AND DEATH
	EADING TO DEATH mean line made of	dving. e.g	(A) IMMEDIATE CAL		Jour C Ju	in front
heart failure, as	Shenia, etc. It means icolian which caused	the disease,	DUE IO, OR AS	A CONSEQUENCE OF:		
	ITECEDENT CAUSES		1	remadyn	fy/	
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	abave cause (A)	stating the	(c)		0	
	11		(4),			
TO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO TI NDITION GIVEN IN PAR	HE TERMINAL	***************************************		0***************************	
19A. DATE OF C		DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or		RE FINDINGS CONSIDERED CAUSES OF DEATH?
O 21A. ACCIDENT	WAS UNDERLYING DATE OF LEGICAL Examiner	21 B. ham etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR	(If In Balti	more City, give exact lacation)
W OF INTITOY	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		Whi	te At Not While			
22. I certify th	nat (1) (this haspital) ottended th	ne deceased from	4-21-69		4-30 1969
that (I) (we) Id	st saw the decease	d alive on	4-30	19 69 and	that in (my) (aur)	apinian death accurred an the dot
and hour and f	ram the couses stat	ed above. (I) (We) (did) (did nat) v	iew the body after deat		
23A. SIGNATURE	Elain I	3 66 6	Mr 75 Phy	nding Med.	Staff Phys	23B. DATE SIGNED 4 - 30-69
23C. PHYSICIAN NAME (Typ.	S _e)	100	DEGREE	23D. ADDRESS.	Shapin	
MA	JOSE FINA	48. DU	- LOSS ANTEDEGREE	Sing	1000	
REMOVAL Spe		24C.NA	NO Avava	/	BALTO	(City, town, or county) (Stote)
25A. DATE REC'D B	Y HEALTH DEPT.	258 NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	TOR 1	M BENGILM NE
MA	5 1969 1	property	9 7	By warden	of to Hony	m 638NEILMA
VS 150-REV. 1/3/6B	8.77					



_	4500	BALTIMORE CITY HEALTH DEPARTM
9	4588	CEDTIFICATE OF DEA

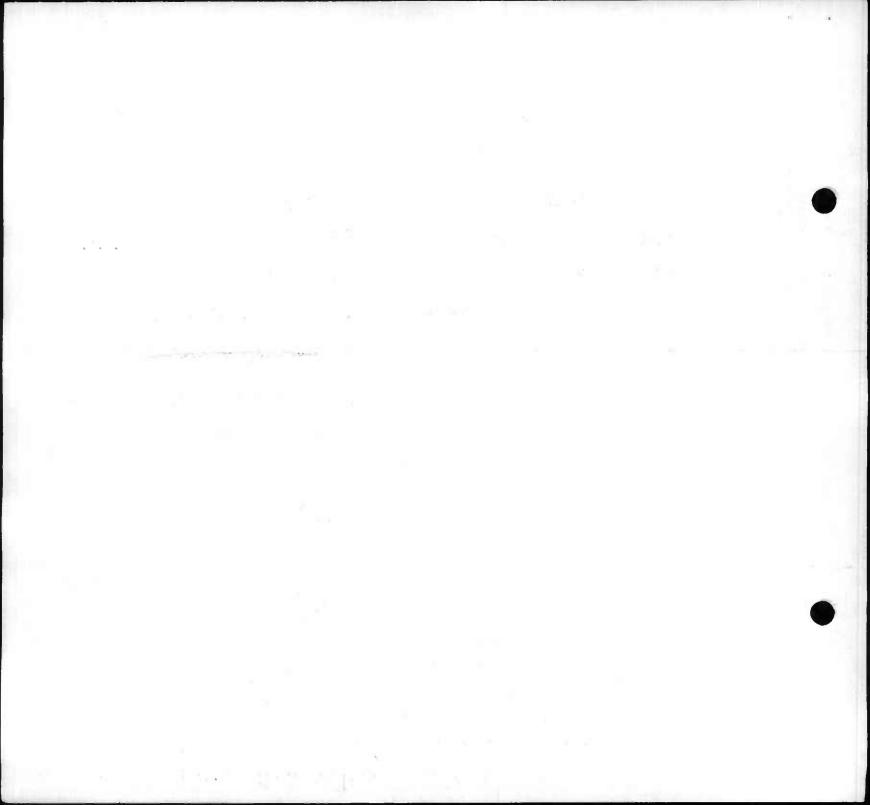
	Y HEALTH DEPARTMENT
69 4588 CERTIFICA	TE OF DEATH REG. NO.
I. NAME OF DECEASED	69 4588
(Type or Print)	2. DATE AND HOUR OF DEATH
EMMAE, DOGDINS	MAY 1 1969 1115 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whele deceased lived, If institution; residence before admission)
SHILL NAME OF ALL PLANTS IN THE PROPERTY OF TH	Alas de S
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND RACKS MIZE CIFE
INSTITUTION	C. CITY OR TOWN , D. INSIDE CITY LIMITS?
$b \nabla \cdot \cdot \cdot \cdot$	SALBRURE YES NO NO
POLALIZAR V ON HALL IN ON THE	E. STREET AND NUMBER
ONIVERSAY OF HAMYLAND RUSSIAN	1778 Washington Block 21-01
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. II Under 24 Hrs. Months! Doys Hours: Min.
WIDOWED DIVORCED	3/10/1900 19/19
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired)	12. CHIZEN OF WHAT COUNTRY
Retired	11/1550URI US
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
FRANK COOK	7.
15. Wos Deceased Ever In U. S. Armed Forces? 16. SOCIAL	NEWE T
tres, no of unknown) ut yes, give wor at dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
No 217-07-2610)	John & Walling , 119 11 Layway cine
18. CAUSE OF DEAT	CONTROL YOPPINS High Fourt, Ma.
GASSE OF BEATI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not man the made of disease (A)IMMEDIATE CAU	
hear failure, asthenia, etc. It means the disease	A CONSEQUENCE OF:
injury at complication which caused death.)	
ANTECEDENT CAUSES	NIC CONSESTIVE RESISTER BY 2 200
DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS	A CONSEQUENCE OF
2	
rise to the above cause (A) stating the	
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UNDERLYING CONDITION last. (c). (AROA	1 1 1 1
UNDERLYING CONDITION last. (c). (ABO)	vie dostanetia Lung Disease coyps
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UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION OF CAUSE OF OR CONTRIBUTING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	DEATHER TOURS OF No. 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 10 or obout 21 C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21 F. HOW DID INJURY OCCUR? 22 G. HOW DID INJURY OCCUR? 23 B. DATE SIGNED 30 ADDRESS 24 D. LOCATION (City, town, a) county) 15 totel 24 D. LOCATION (City, town, a) county) 15 totel 25 C. Market Barto Mark 2 1 2 2 5



FUNERAL DIRECTOR: IMPORTANT

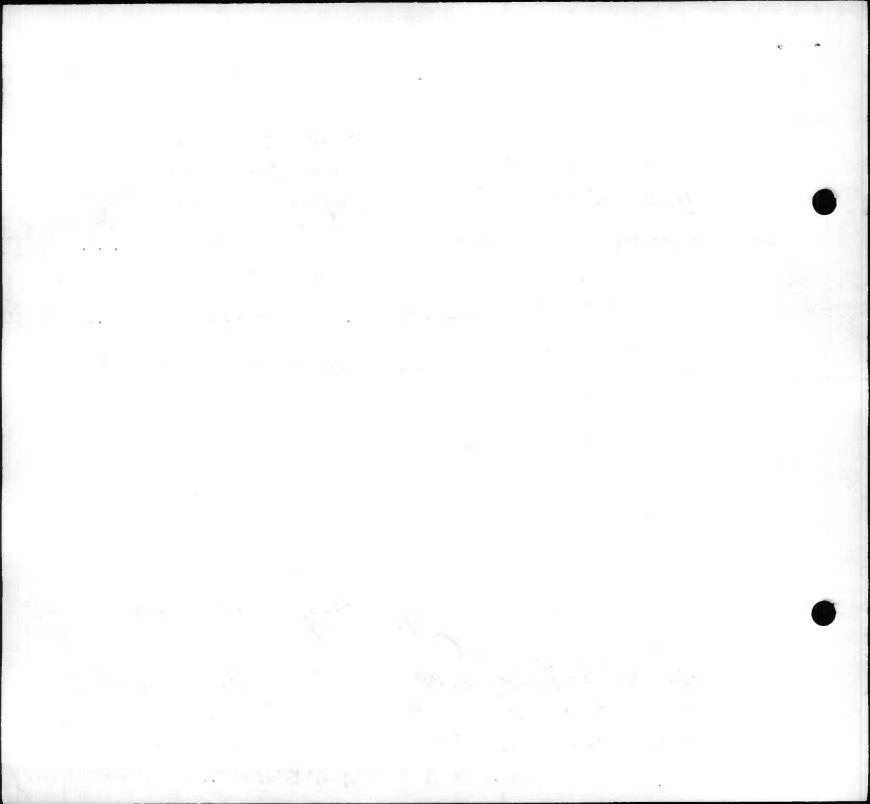
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-53/ 69 4	1/4.79	HEALTH DEPARTMENT	REG. NO.	69 4589							
	RTH NO.	CERTIFICA	TE OF DEATH	KEG. 140.								
(T	NAME OF DECEASED ype or Print) SAMUEL SN		2. DATE A	ND HOUR OF DEATH	13 ^A /							
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission) A. STATE B. COUNTY									
FIH	CULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		MARY (NN) C. CITY OR TOWN D. INSIDE CITY LIMITS?									
1/4			BALTIMORE YESTA NOT									
	2SIWAI HOSPI	E. STREET AND NUMBER 5720 BLAND AVE										
	MALE CHITE WIDO	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yo. If Under 24 Hrs. Months Days Hours Min.								
t0.	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?							
	TAILOR	SHOP	POLAND		II C A							
13.	FATHER'S NAME	51101	14. MOTHER'S MAIDEN NA	ME	U.S.A.							
	HARRY DAVID SNYDER		ROSE ?									
15.	Wes Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give wor or doles of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS							
``	NO NO SIRRIUMII III YOU, GIVE WOT OF GOIES OF SERV		MRS. ANNA SNYD	ED 5700 RIA								
-	18. 2 5 0.91	CAUSE OF DEATH	4		LA DED CYLANA TE INITEDY AL							
11	DISEASE OR CONDITION DIRECTLY		pralaule acu	te my aculu	DETWEEN ONSET AND DEATH							
	LEADING TO DEATH	AND MANERIATE CALL			37							
	This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	P.C.	CONSEQUENCE OF:									
	injury ar camplication which caused death.)		A	S.C. V.D								
	ANTECEDENT CAUSES	(2)	// .	3.6.0	•							
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	*************************	***********							
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) cl	cabetes mu	elitus								
	11	(0/2000	0, , 0		***************************************							
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG	y pur en	yely semi								
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************									
CERTIFICATION	19A-DATE OF OPERATION 19B, CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSYZIYes of N	ON CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?							
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inofily modical examined	21B.PLACE OF INJURY le.g., in home, larm, loctory, street, off etc.)	or obout 21 C. WHERE DID	(ii in Baltimore	City, give exact location)							
IEDI	21D. TIME Month) (Doy) (Year) (Houd)	21E INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?								
×	IAPPROXI	While At Work At Work			/							
ı	22. I certify that (i) (this hospital) ottende		4/19	10/9	5/1 11/9							
	that (1) (we) last saw the deceased alive		10 69	19 (2/to	19 6 7							
				natin (my) (our) oblu	ion death occurred on the date							
and hour and from the causes stated obove. (1) (We) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE												
								MAKLY	OSEW FELD	SIWA/	1105P1	7AL
							24/	REMOVAL (Specify) 248. DATE 240	NAME OF CEMETERY OF CREA	MATORY 24D. L	OCATION (City	, town, or county) (Stote)
		IBERTY PARK	RAI	NDALLSTOWN, N	MARYLAND							
25/	DATE REC'D BY HEALTH DEPT. 258. NAA	LES G. TOURS.	25C. FUNERAL DIRECTO		REISTERSTOWN ROAD							
VE	150-REV. 1/1/68	7	1490	2								



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved the body was released to the hoshows: (1) An accident of any natives D.O.A. at a hospital (except deceased prior to death); and (written approval must be obtain

T	BIRTH NO. 69 4590 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 4500						
	RTH NO.		CERTIFICA	TE OF DEAT	H / KEG. NO	9000	
	pe or Print FRIST	11.0	0010	2. DA1	E AND HOUR OF DEATH	2.11-	
3.	PLACE IN BALTIMORE, MARYLAND, WHE	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4/30/69	stitutions residence before admission	
1			A. STATE B. C	COUNTY	stitution: residence before admission		
(I H	JLL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITU	JTION, GIVE STREET	MD Balto Co 53-00			
1	ISTITUTION			C. CITY OR TOWN D. INSIDE CITY LIMITS?			
1/	Sinai Hospital		E. STREET AND NUMBER				
	Mac Mospiti	92		24 Milk	apte ROAD		
5.	SEX 6. RACE 7.	MARRIED [NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	II Under 1 Yr. , II Under 24 Hrs.	
	/ / / / / / / / / / / / / / / / / / / /	VIDOWED		3/25/07	lost birthdoyl 62	Months Doys Hours Min.	
10.	A. USUAL OCCUPATION (Give kind of work 10E	L KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?	
"	TECHNICIAN	DEI	TAL	/	0, mD.		
13.	FATHER'S NAME	UCI	VTAL	14. MOTHER'S MAIDEN		U.S.A.	
	ABRAHAM FRIEDMAN		3				
15.	Was Deceased Ever in U. S. Armed Forces: s,no or unknown) (If yes, give wor or dates of	1	1 6. SOCIAL	REBECCA			
(Ye	s,no or unknown) (If yes, give wor or dates of	f service)	SECURITY NO.			ADDRESS	
-	NO		212-01-5576	MRS. ROSE FR	IEDMAN, 24 MIL	LGATE RD., OWINGS MI	
	18. 4/0,7 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECT	TLY		711/2 - 200	al Tr		
	(This does not mean the mode of dy	ing, e.g.,	(A) IMMEDIATE CAL	SE MYOCHEO	iAL Infarca	100 3 UAYS	
	heart failure, asthenia, etc. It means the injury or complication which caused dec	disease,		CONSIDERENCE OF:		/ -	
	ANTECEDENT CAUSES			255			
	DISEASES OR CONDITIONS, il any,	giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:			
	TINDER VING CONDITION (
			(c)	***************************************			
Z	OTHER SIGNIFICANT CONDITIONS CONTRI	IRLITING					
ATI	TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1	ERMAINIAL	**************	*****	***		
CERTIFICATION	19A-DATE OF OFERATION 198. CONDITION WAS PERFORA	ON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o	No) 208, IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?	
ERT						SES OF DEATH?	
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. P home,	LACE OF INJURY (e.g., ir form, foctory, street, of	or obout 21 C. WHERE DI	D (II in Boltimore	City, give exoct locotion)	
DIC		etc.)					
ME	OF INJURY	our) 21 E, I While	NJURY OCCURRED		INJURY OCCUR?		
	(APPROXI	Work	At Work			/	
22. I certify that (1) (this hospital) attended the deceased fram 4/27 1969 ta 4/30							
	that (I) (we) last saw the deceased al		4/30	19 69 and	that in (my) (aur) apin	an death occurred on the date	
	nd haur and from the causes stated above. (1) (We) (did nat) view the body after death.						
	23A. SIGNATURE	111				238. DATE SIGNED	
Attending Med. Stoff M U/20/19						4/2/19	
	23C.PHYSICIAN'S NAME (Type)	11	A STATE OF THE STA	3D. ADDRESS	Phys.	400/6/	
	(TERALD B. FEI	dmi	IN MD	Sinni L	tospital		
24A	BURIAL CREMATION, 248. DATE		AE of CEMETERY OF CRE	MATORY 24E	LOCATION (City.	, town, or county! (Stotel	
	BURIAL 5-2-69		IE NEISEN		DSEDALE, MARYLI		
25A					·		
	MAY 5 1969 (D	atta de	5 9 0 DA	DSOU LEVINSON	V (BROS. 6010	REISTERSTOWN ROAD	
VS	50-REV. 1/1/68		- ARMA AN				



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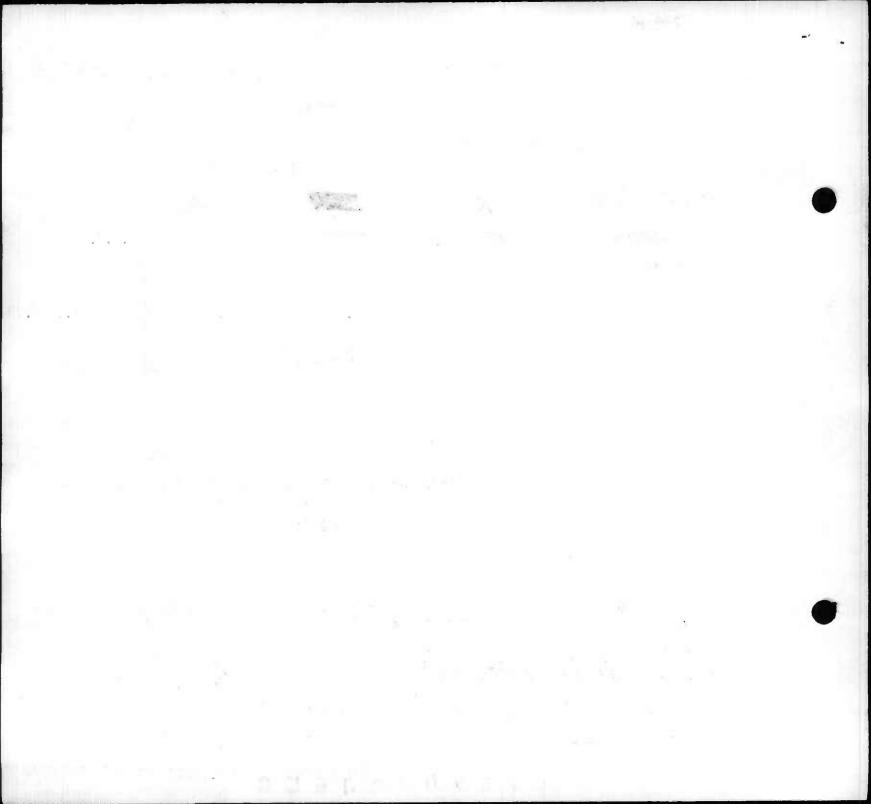
69 4591 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4591
	2. DATE Known X Month Doy Yeor Hour
NAME OF DECEASED (Type or Print) DORIS MC NEAL	2. DATE Known X Month Doy Yeor Hour OF DEATH Estimoted May 3, 1969 1:15 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	PRONOUNCED DEAD May 3, 1969 1:15 P.
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
University Hospital	Maryland /6-05
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 3-6-1961 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. Months, Doys, Hours, Min. Hours, Min.	E. STREET AND NUMBER 1257 N. Bentalou Street
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	UNKNOWN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(Ill yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
(188, 110 of office of service)	DEROTHY ASWITE 1257 N. BENTLOIL ST
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	CAUSE Cerebro-cranial injuries
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
UTING L CAUSE OF DEATH. STREET 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	2200 blk Bentalou St. S. of Presstman St. 22F. HOWDID INJURY OCCUR?
OF INJURY	Name of the state
(APPROX.) 3-28-69 5:15 P. m. WORK AT W	Pedestrian struck by auto
I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death in my opinian
resulted from: Natural causes Accident Suicid	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL (V)	ASSISTANT MEDICAL EXAMINER
SIGNATURE	
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER LJ May 4, 1969
24A. BURIAL CREMATION, 24B. DATE . 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 5-1-69 MT AUB	URN BALTIMORE MA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
MAY 5 1969 (Ret E. Serbi	AND SEYN FAIGHT 1637 IV, BRUNGVITY
VS 151-REV. 1/1/68 /	0.4657

1381-7-E Metal MADONAM 4.54 TOTAL SCHOOL SELECT LEADING MINIE 1257 M. BENTLEE 18 50 M L 2015 - 1 2 3 M L MY MUBLING BALTIMORE MIL Burnel 5-7-69 JOSEPH FUNDATIBOPH BRANCH

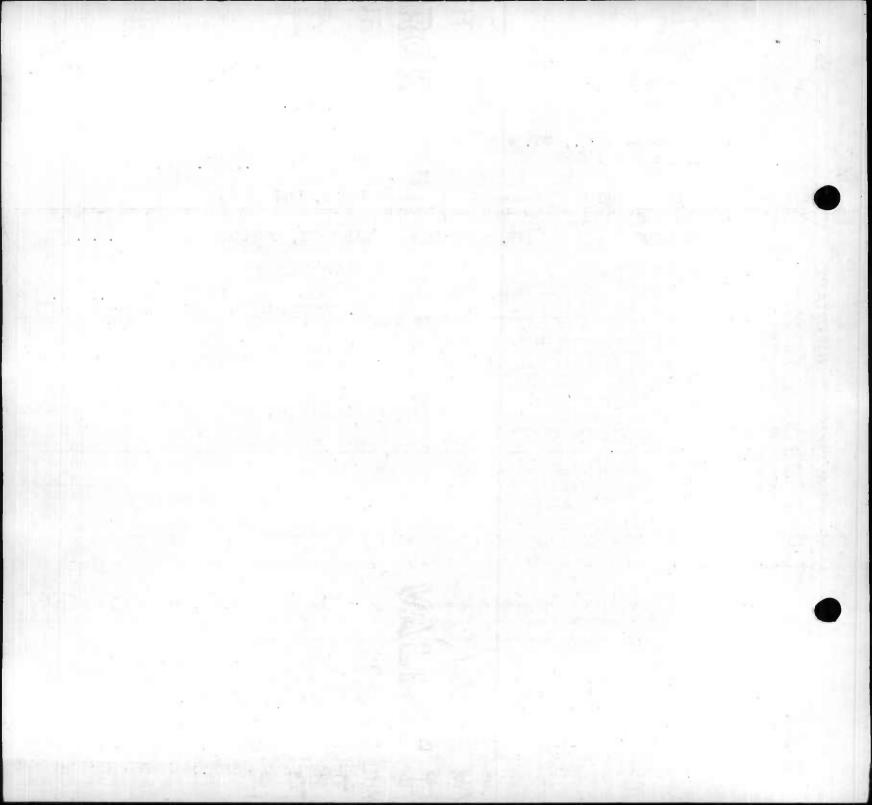
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hospitise of (5) De ance death
in a rig cause; autend
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ature; pt wh (6) No
be approved by the chief medical examiner or his assistant if death occurred set to the hospital by a medical examiner. Also, if the direct or contributing of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined contract (except where the physician who pronounced death was in regular cath); and (6) No physician was in regular attendance on the deceased prist be obtained before the remains are embalmed or final disposition is made.
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s release at a hard over to
dy we (1) Ar (0.4. c
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	3-355 69	459	And the second s	HEALTH DEPARTMENT	REG. NO.	69 4592
4 1	RTH NO. NAME OF DECEASED		CERTIFICA	TE OF DEATH		2004
	ype or Print) Speak 6	1000le	1041	2. DATE A	ND HOUR OF DEATH	10. 500
3	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4 USUAL RESIDENCE (Wh	ere deceased lived. If in	astitution: residence before admission)
F	ULL NAME OF (IF NOT IN HOSPIT IOSPITAL OR ADDRESS OR LOC.	AL OR INSTITU	TION, GIVE STREET	MARY LAND	Balt	o.co. 53-00
	SINAT HOSPI	10/10/	Baltman-	BALTIMORE	D. INSI	YES NO
1	The Hospin	401	24//1016	E. STREET AND NUMBER		153/C] NO []
5	SEX 6. RACE			#9 COBBLEST		21215
30	tomalo Case		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in yeers lost birthdoy)	Months Deys Hours Min,
10	A. USUAL OCCUPATION (Give kind ef work	WIDOWED		II BIRYHRI A CE (C. I (70	
de	me duting mest of welling me, even it telled)				eign ceunity)	12. CITIZEN OF WHAT COUNTRY?
13	HOUSEWIFE	AI	HOME	RUSSIA		U.S.A.
	UNKNOWN			14. MOTHER'S MAIDEN NA	WE	
15		-0.5?	6. SOCIAL	UNKNOWN		
lla.	Wes Decesed Ever in U. S. Armed Fores, ne or unknown) (if yes, give wer or dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
-	NO III.		NO CAUSE OF DEATH		DSHER, #9 CO	BBLESTONE CT., APT. 2
ATION	DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITION DISEASES OR CONDITIONS, If the state of the st	dying, e.g., the disease, death.) any, giving staling the ATRIBUTING E TERMINAL	(c) (c)	A CONSEQUENCE OF: A CONSEQUENCE OF:	ateg a	SETWEEN ONSET AND DEATH
ERTIFIC	19A-DATE OF OPERATION 19R CONT WAS PERF	ORMED	HICH OPERATION	200 AUTOPSYZ (Yes er No	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
CAL C	21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. P home, elc.)	LACE OF INJURY (e.g., in form, foctory, street, off	er ebout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(II In Beltimare	City, give exect location)
MEDI	21D.TIME (Month) (Doy) (Yeer) OF INJURY (APPROX.)	(Hour 21 E. II While Work	At Not While	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (b) (this hospital)	attended the	deceased from	May 69	19ta///	701 1969
	that (1) (we) fast saw the deceased	alive on	Ina 4	19 69 and th		ian death accurred an the date
	and hour and from the causes state	d above. (I)	(We) (did) (did nat) vi	ew the body ofter death.		
/	23A/SIGNATURE	Lt	Atten Phys.	ding Med.	Shaff Phys.	238. DATE SIGNED
	ASC. PHYSICIAN'S NAME (Type)	chter	MD OEGREE	>120 ADDRESS	osp of a	Baltimoke=
	BURIAL CREMATION, 248. DATE REMOVAL (Specify) 5-2-69		KURLANDER VET		EDALE, MARYLI	, town, er county) (State)
	AY 5 1969 (DOG &	REGISTRAR TO THE	25C. FUNERAL DIRECTOR SOL LEVINSON	BROS.,6010	REISTERSTOWN ROAD



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such deoth 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO APRIL 30, 1969 SELIG LEVIN eoth. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) conse MARY LAND ō HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 canse; BALTIMORE NO YES EMERSONIAN APTS., APT. 4 A prior E. STREET AND NUMBER contributing 2502 FUTAW PLACE 2502 EUTAW EMERSONIAN APTS., APT. 4 A, etermined regulor 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months! Days If Under 24 Hrs. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED X deceosed is mo JULY 7, 1901 MALE WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) (4) Und BALTIMORE, MARYLAND U.S.A. & RETAILER CLOTHING WOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct PHILIP LEVIN SARAH GOLDMAN 0 death kind; EMERSONIAN APTS. 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no at unknown) (If yes, give war at dates of service) final SECURITY NO. ce 2502 EUTAW PLACE ottendan 1B. CAUSE OF DEATH pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Imed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ulor 0 hearl foilure, osthenio, etc. Il means the disease, Ď injuty or complication which coused death.) eH ANTECEDENT CAUSES 0 10 ore DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. the remains physicio Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact location) where hospital MEDICAL °Z DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 While At Not While F (APPROX.) Work At Work puo OUV 22. I certify that (1) (this haspital) attended the deceased framand that in(my) (our) opinian death accurred an the date that (I) (we) last saw the deceased olive an... eath) must and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURI 23B, DATE SIGNED 7 Attending 7 Med. Staff 0 opproval 0 prior 23 C. PHYSICIAN'S 23D. ADDRESS to NAME (Type) An 6905 PARK HEIGHTS AVENUE IRVIN SAUBER d 24A. BURIAL CREMATION, 24B. DATE shows: (1) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) eceased he body 0.0 REMOVAL (Specify BALTIMORE. 5-2-69 BNAI ISRAEL SD 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR LEVINSON & BROS., 6010 REISTERSTOWN ROAD 3 70 VS 150-REV. 1/1/68



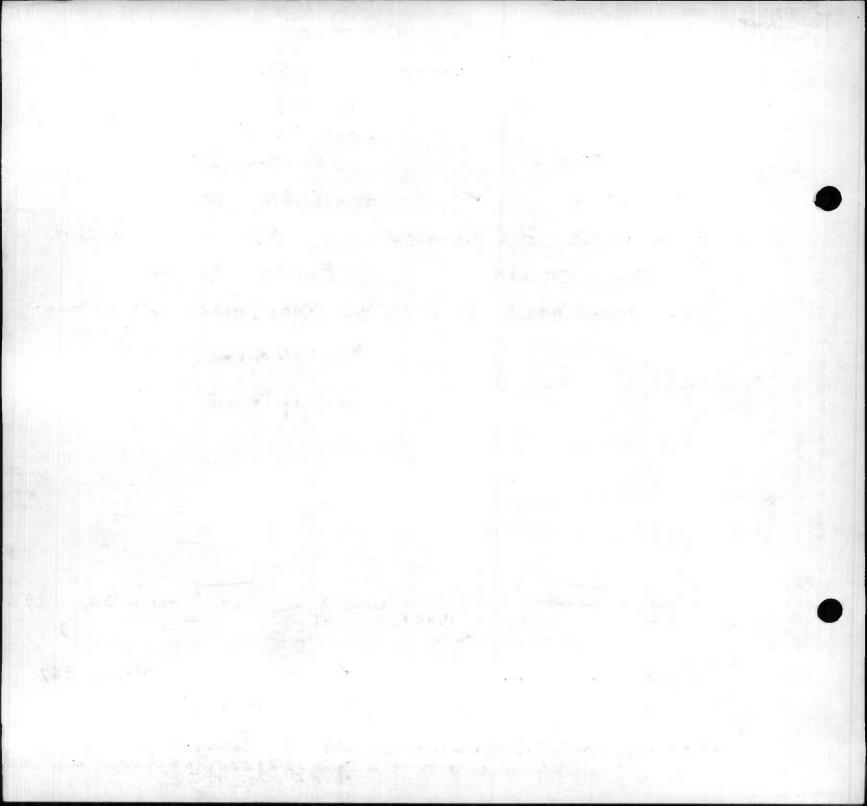
	BALTIMORE CITY HEALTH DEPARTMENT
94	CEPTIEICATE OF DEATH

REG. NO.	69	4594
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BIRTH NO. 69 4594 CERTIFICA	TE OF DEATH REG. NO	69 4594
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	Λ -
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	MARY IAnd	24-01
14 3	BALto.	YES NO NO
South BALto. GeneRAL HOSPITAL	E. STREET AND NUMBER 1320 Andrest.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE IIn years last bighdoyl 674R.	If Under 1 16. If Under 24 Hrs. Manths Days Hours Min.
done during mast at warking life, even if refired) HOUSE WIF EWAYDOW BEHLIX COPP	11. BIRTHPLACE (State or lareign country) MARY IAND	12. CITIZEN OF WHAT COUNTRY?
Tanes Pietrak	14. MOTHER'S MAIDEN NAME PANTO 412 PS	c Koski
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) Ul yes, give war ar dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
NO 220-01-6980	Mrs. Helon McHale 131.	2 E. FORT AVENUY
DISEASE OR CONDITION DIRECTLY	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	se unknown	
	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	able pulmony emboli	77.5
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION tost.	A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	have to find out by	outopay
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes on No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical exomine) 218. PLACE OF INJURY (e.g., I home, farm, lactary, street, or etc.)	n ar about 21 C. WHERE DID (II In Baltimore lice bldg INJURY OCCUR?	City, give exact lacation)
210-TIME IMonth) (Day) (Year (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.I While At Work Not While At Work		
22. I certify that (i) (this hospital) attended the deceased from	1 - 27 19 10 S	2 - 19 69
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	und that in(my) (dur) opin	ian death accurred an the date
and hour and fram the causes stated above. (I) (We) (did) (did nat) v		238, DATE SIGNED
OFGER Phys	nding Med. Staff Phys. 23D. ADDRESS	5 -2 -6,
HAWLA ALSOUSY	Soull Baltende	qual that.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRI Burial Stopping 5/6/69 Bullings + Nation	MATORY 24D. LOCATION (City 421 Ceartery Baltinore)	Mary las
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR STEVENS Fu	ert Avanne
VS 150-REV. 1/1/68	The state of the s	

CO	1595 CERTIFICA	TE OF DEATH	REG. NO	69 4595
BIRTH NO.	AUGU CERTIFICA		D HOUR OF DEATH	
(Type or Print) THOMAS P.	FALLON	MAY	1-1969	700 D.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MD.		24-01
INSTITUTION		C. CITY OR TOWN		SIDE CITY LIMITS?
Hull		E. STREET AND NUMBER	/	YES NO
001322 HALL ST.		1322 HAN	LL ST.	Hace .
11	RIED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
MALE WHITE WIDO	DO OF BUSINESS OF INDUSTRY	APRIL 18, 1891	78	12. CITIZEN OF WHAT COUNTR
done during most of working lile, even if retired)	- 7	A/ -	gn country)	
PREIGHT CLARK 59	O KAILROAD	14. MOTHER'S MAIDEN NAM	7 . AE	U.S.A.
May Falls)	ELLER	Mc H	a) E
S. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	11/0 /11	ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of serv	SECURITY NO.	Mice Magy	FALLON	1322 HALL S
18. / 6 × 1	CAUSE OF DEAT	WISS MUTT	HELDIN	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		4/ / /		BETWEEN ONSET AND DEAT
LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CA		Bons	
heart failure, asthenia, etc. It means the disc injury ar camplication which caused death.)		A CONSEQUENCE OF:		
ANTECEDENT CAUSES	Cision	inome of Pa	ostate	
DISEASES OR CONDITIONS, il any, gi	(B) DUE TO, OR AS	A CONSEQUENCE OF	231600	
uise to the above cause (A) stating UNDERLYING CONDITION (ast.	the (C)			
II	(0)		,	
O THE SIGNIFICANT CONDITIONS CONTRIBUTI	ING			1 1 2 2 3 1
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A AUTOBOVO (V N.	200 to ver were	CINDINGS CONSIDERS
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Baltima	ore City, give exoct location)
DEATH (notify medical examiner)	home, form, foctory, street, of	mice biag., INJORT OCCUR:		
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not Whi			
22. I certify that (1) (this hospital) attend		JULY 8, 1	964 to A	PRIL 30, 19 69
that (1) (we) last saw the deceased alive	an MAYI,	19 69 and the	at in (my) (our) ap	inian death accurred an the da
and haur and from the causes stated above	ve. (1) (144) (did nat)	view the body after death.		
23A. SIGNATURE	A 14	andian S Mad S	SA-# ==	23B, DATE SIGNED
Charles S. Levy, M.D.	DE GREE Phy		Staff Phys.	MAY 2, 1969
23C. PHYSICIAN'S	J. MA	23D. ADDRESS) T. P.	11.
XCUNUO S. KEVY	DEGREE	1/edica / H	YIS PUI	12149
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	IC. NAME OF CEMETERY OF CR	1	DCATION (C	City, town, or county) (Stote)
SURIAL MAYE, 1969)	ME OF REGISTRAS	AL CEMETERY	BALTIMO	ADDRESS
MAX'51 1969	06-9-70.00.	CHARLES	STEVENS	FUNEARL HEME IN
	The state of the s	JUL CT / OF	11/2:	

VS 150-REV.



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VS 150-REV. 1/1/68

contributing

death

a hospital of

BALTIMORE CITY HEALTH DEPARTMENT REG NO CERTIFICATE OF DEATH Such BIRTH NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET CITY OR TOWN D. INSIDE CITY HMITS? attend 0 AMONA YES 🔀 prior E. STREET AND NUMBER man regular disposition is mad 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased last birthdoy Months Doys WIDOWED DIVORCED IOA, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SD the 13. PATHER'S NAME 4. MOTHER'S MAIDEN NAME 3 death LO 15. Was Deceased Ever in U. S. Armed Farces? 1 6. SOCIAL 17. INFORMAN or final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. ance pronounced attend DISEASE OR CONDITION DIRECTLY balmed Venies LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease. regular injury or complication which caused death.) em ANTECEDENT CAUSES DUE TO. OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any. giving the obove couse (A) sloting the rise lo physician the remains UNDERLYING CONDITION lost. Mas П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID where (If in Baltimare City, give exact location) hame, form, factory, street, affice bldg., INJURY OCCUR? MEDICAL DEATH (natify medical examiner) obtained 9 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except Not While While At (APPROX.) quq Work At Work 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) lost sow the deceased alive on ond that in (my) (but) opinion death occurred an the date hospital death) and hour and from the couses stated above. (1) (Ne) (the did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending N Med. Shoff 0 Phys. Director approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at 4 24A. BURIAL CREMATION, 248 deceased DATE OF CREMATORY 24D. LOCATION 0.0 REMOVAL (Specify) 6 0 Mas 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR

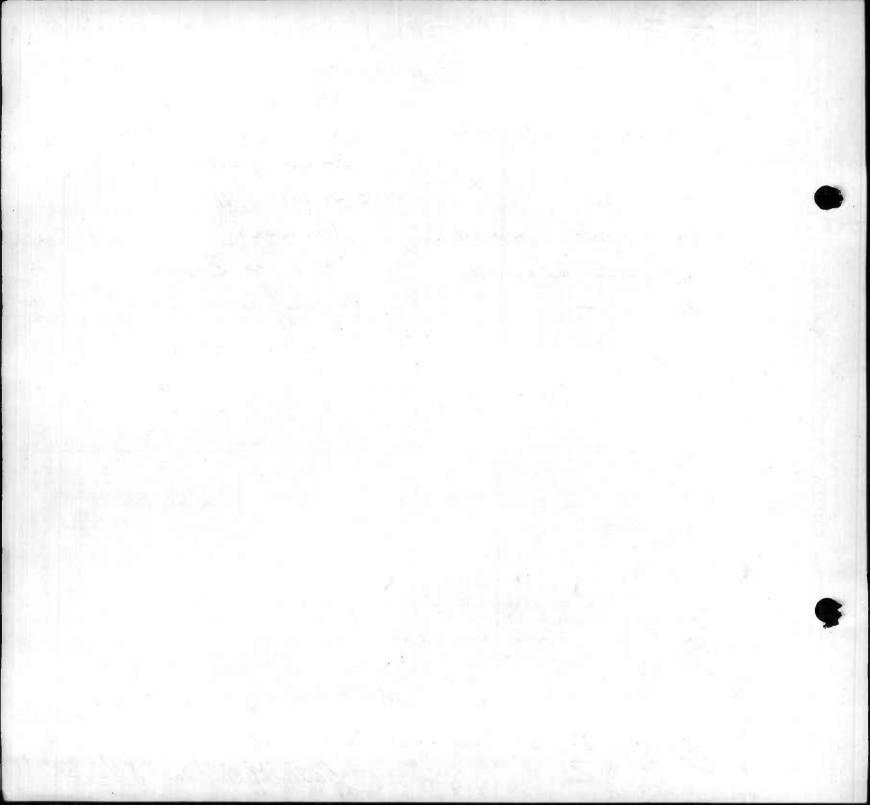
NO

ADDRESS

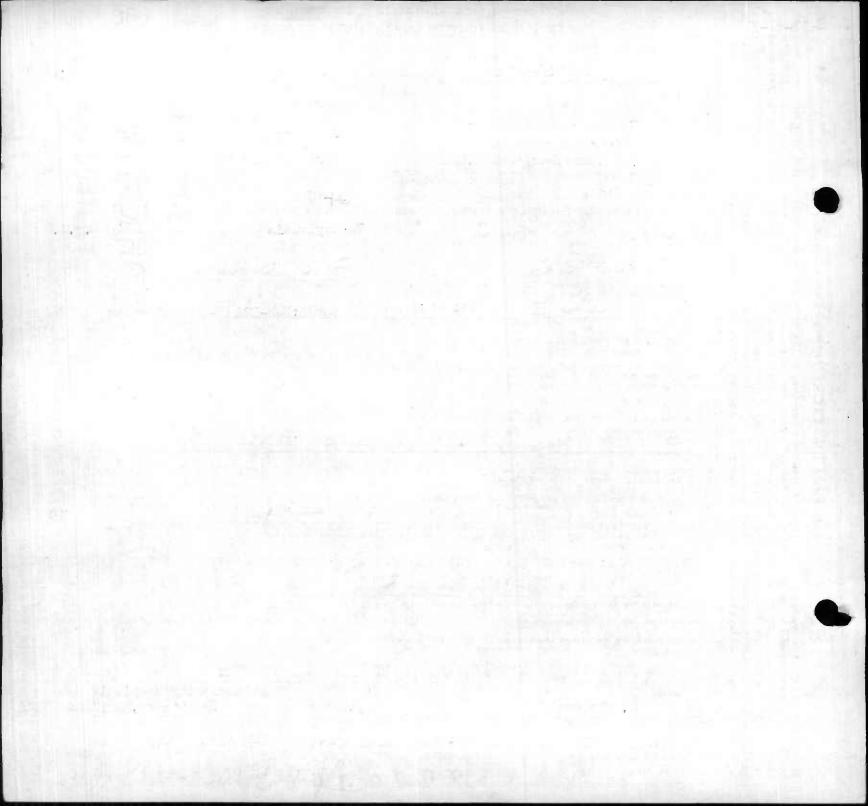
BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

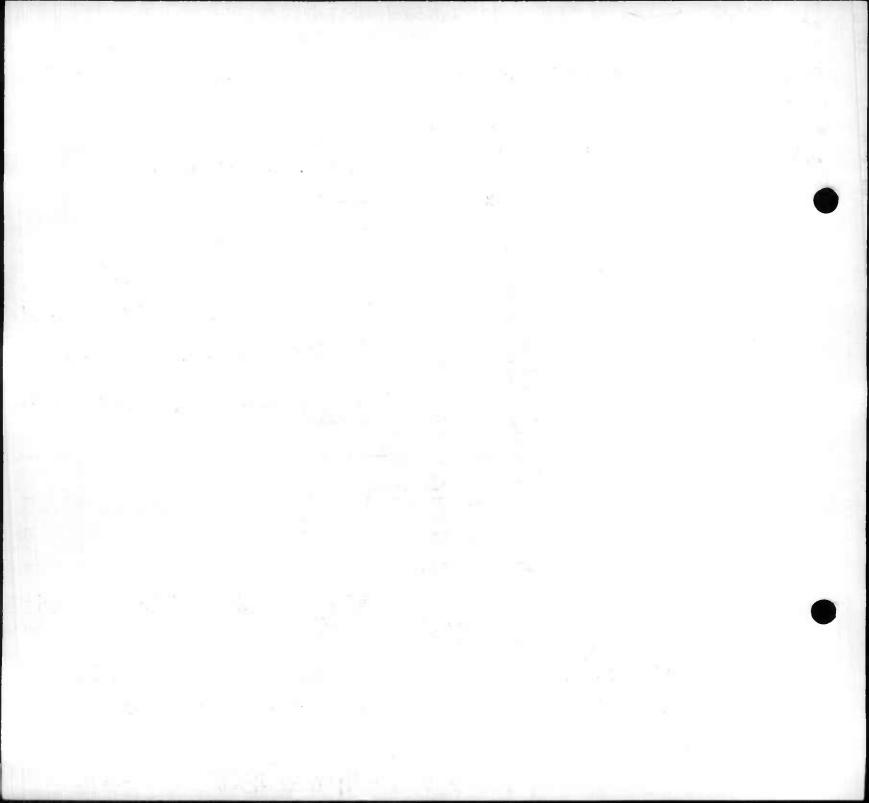


1-0	.5.	1 (2)		HEALTH DEPARTMENT		60	4597
0	450 69	4597	CERTIFICA	TE OF DEATH	REG. NO	00	4007
BIRTH NO.	DECEASED				AND HOUR OF DEATH		
(Type or Print)		1 PAT	RICK			1	/ 75 A
2 DI ACE IN	BALTIMORE, MARYLAND, V	m Bird	INCED DEAD	4. USUAL RESIDENCE (W	4-30-1969	stitution: residen	4.15 A M
FULL NAME				Maryland	UNTY	26	-64
HOSPITAL O	HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
barermore city nospitals		Baltimore		YES T	NO		
31	4940 Eastern	Avenue		E. STREET AND NUMBER			
01	Baltimore, Ma	ryland	21224	3525 Estl	ner Place	2122	4
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yı. Months: Doys	. If Under 24 Hrs.
Male	White	WIDOWED	DIVORCED	9-24-1902	66	iviolinis; Doy's	110013
	CCUPATION (Give kind of wor	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN O	F WHAT COUNTRY
	ist of working life, even if retired) **FUR	TAXI (٥.	Pennsylvania			U.S.A.
13. FATHER'S				14. MOTHER'S MAIDEN N	IAME		
P	ATRICK BIR	D.		ROSE S	CHULZE.		
15. Was Dece (Yes, no or unk	osed Ever in U. S. Armed Fo	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	PRESS
YES	N. W. J		218 01 7164	Records : BCH_	4940 Eastern	Avenue	27227
18.	(=11 /1		CAUSE OF DEAT		4740 Bastern	APP	ROXIMATE INTERVAL
DI DI	SEASE OR CONDITION DI	DECTIV				BETWE	EN ONSET AND DEATH
	LEADING TO DEATH	RECIEI		Cardia 2	markan	Amest	
(This do	es not meon the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	espiratory	11111	
heorl foi	lure, asthenio, etc. Il means	the disease,	DOE 10, OK AS	A CONSEQUENCE OF.			
injury of	complication which caused						
	ANTECEDENT CAUSES		(B) Wide	A CONSEQUENCE OF:	ancer		
DISEASE	S OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	_		
	The obave couse (A) YING CONDITION last.	sloling lhe	a Adence	calcinana a	of Rectum		
ONDER			(C).1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
Z	II	ALITRIDITINIC			V	- 1	
E TO THE	GNIFICANT CONDITIONS CO						
	OR CONDITION GIVEN IN PA		WHICH OBERATION	120A AUTORSY2 (Vos. or	No) 20B. IF YES, WERE	FINDINGS CON	SIDERED
RATIF	WAS PER	FORMED		AUTOST TIES OF	IN CERTIFYING CA	USES OF DEATI	H?
E 314 45	LS Bou		surrichen	Y 21 C WHERE DID	25	- C"	YES
_ OR CON	CIDENT WAS UNDERLYING [TRIBUTING [CAUSE OF notify medical examiner)	horn etc.	ne, form, foctory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(It in Baltimar	e City, give exac	ot lacation)
21 D. TIM		(Hour) 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
S OF INJU		Wh	ile At Not Whil	le 🗍			
		1440	AT WORK			An. I	0.0
22. 1 ce	rtify that (1) (this haspita	l) attended t	Λ		19 6 1_ ta	thri	30 19 GF
that (I)	(we) last saw the deceas	ed alive an	MOLL	29 19 68 and	that in (my) (aur) apl	nian death ac	curred an the dat
and hau	r and from the causes sta	ted abave. (I) (We) (did) (did nat)	riew the bady after deat	h.		
23A. SIGI	NATURE					23B. DATE SIG	NED
	If macho	nala	me December Phy	ending Med. S. Director	Staff Phys.	14/3	0/69
23C. PHY		·	DEGREE!		Ltimore City	Hospital	8
NA	G. MacDonald		The state of the s	4940 Eastern I		-	
24A. BURIAL	CREMATION, 248. DATE		OEGREE AME of CEMETERY of CR			ity, town, or cou	
REMOV	AL (Specify)			0 -	_		
SUR			ALTO. NATION	1		- 4/	DDBESS
ZSA. DATE R	MAY HEALTH DEPT.	ZSB. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OK OF	1001	DDRESS
		(3) (4	95 On 18 mg	2 Horney	Exple - 23.	34 /2-44	erso 18"
VS 1SO-REV.	1/1/6B **	ALC: N		1 4 9 11	~ \	21	1



-	4		10	4
ORTANT	if the direct or contributing course of Beath	ny kind; (4) Undetermined cause; (5) Deceased ed death was in regular attendance on the	dance on the deceased prior to death. Such or final disposition is made.	1 d
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing course by Beath	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2 2

1 2 5 69	4598 BALTIMORE CITY	HEALTH DEPARTMENT	00 4700
numu No	CERTIFICA	TE OF DEATH REG. NO.	69 4538
BIRTH NO.		2. DATE AND HOUR OF DEAT	H
(Type or Print) Lange Mak	innon	5/3/10	17:15 P.
3. PLACE IN BALTIMORE MARYLAND, WHERE		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
		A. STATE B. COUNTY	8-112
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	0 7 3
INSTITUTION HE JOHNS HOPKINS	SHOSPITAL	BALTIMORE	VEIDE CITY LIMITS?
DO BALTIMORE, MD 212	205	E. STREET AND NUMBER	тез [] но []
		1226 N. POTOMAC STR	FFT
5. SEX 6. RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	OWED DIVORCED	7-3-90 lost birthdoyl	Months Doys Haus Min.
10A. USUAL OCCUPATION (Give kind of work 108, K			12. CITIZEN OF WHAT COUNTRY
dane during most of warking life, even if relired)		Mn. D VIO	1150
ne!		110 bre Co., N.C	- U. J. H.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
RAY OWEN		LYDIA (Ida	Kay)
15. Wes Deceased Ever in U. S. Anned Ferces? (Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Nio	Jecomii No.	Inschible Caloe 4	205 General mult
18. 4 4 - / 19 1	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	1	11 ~ 7	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	Heparic Falline	· / week
(This does not mean the mode of dying heart foilure, asthenia, etc. It means the di	e.g., DUE TO OP AS	A CONSEQUENCE OF:	1-
injury ar complication which caused death.	7	2.	un chorin -
ANTECEDENT CAUSES	5	Mary Carcinome	a pros months
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) statin	g ine		
The state of the s	(C)		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERM ODSEASE OR CONDITION GIVEN IN PART 1 (A)	AINAL	70 T + 44+ 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D	MO IN CERTIFYING C	CAUSES OF DEATH?
OP CONTRIBUTING CALLS OF	218 PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID (If In Bo)tim	nore City, give exact location)
DEATH (notify medical examiner)	home, form, factory, street, al	nce plog. INJURY OCCUR?	
21D.TIME (Month) (Day) (Year) (Hou) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S (APPROX.)	While At Not While		
	Work L At Wark	1//	C/2 10
22. I certify that (1) this hospital) atter	C-121	19 09 to	19.07
that ((1) (we) last saw the deceased aliv			pinian death accurred an the date
and have and from the causes stated abo	ave (1) [We) (did) (did nat) v	lew the bady after death.	
23A. SIGNATURE			23B DATE SIGNED
Dave id A , Le	DEGREE Phys	nding Med. Staff Director Phys.	5/3/69
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
DAVIDA, BASS		JOHNS HOPKINS HOS	PITAL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE		City, town, or county) (State)
BURIAL (Specify) 5-6-69	Anhetic 1	1. OV Kall. C.	Md
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	Cem Pr. D.4 170, Co	. IIII ·
5 1969	A C Z	25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68	3-7-3 (1X9)	MORTONIA MYELL	701 LAYRENS
43 130-KEY. 1/1/08			5-77900

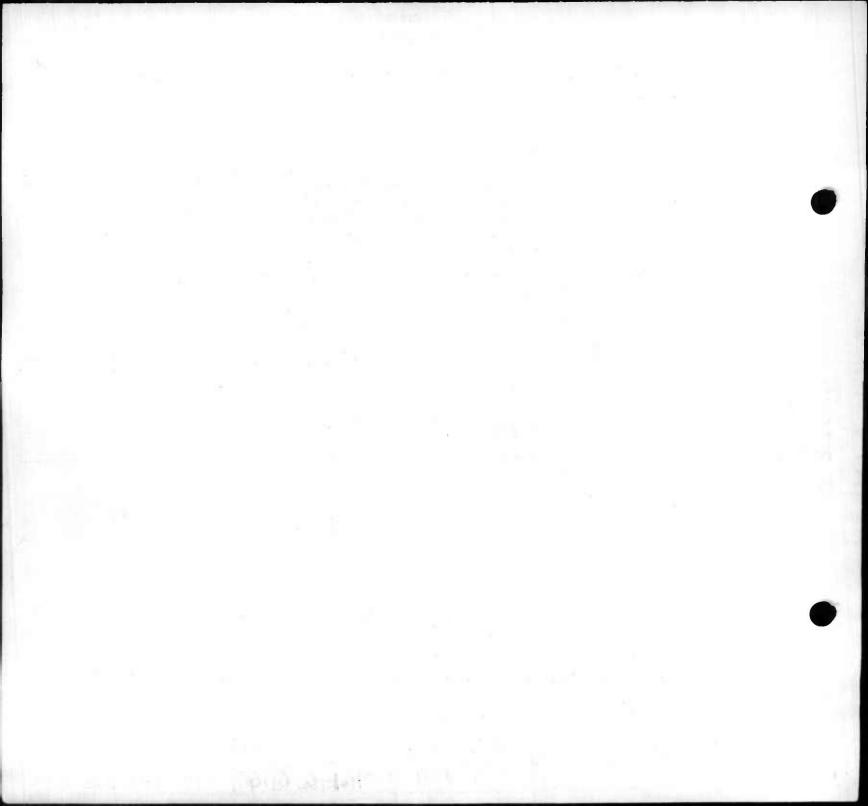


1277	69 4	500	HEALTH DEPARTMENT	REG. NO.	4599
	RTH NO.	CERTIFICA	TE OF DEATH		
	NAME OF DECEASED (Pe or Print) CLARENCE JOH	HNSON	5/3	HOUR OF DEATH	1 9 00 a. m
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UNCED DEAD	A, USUAL RESIDENCE (Where	deceased lived. If institut	ion: residence before admission)
H	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND C.CITY OR TOWN		LTIMORE 53 6
IN	THE JOHNS HOPKI	NS HOSPITAL	COCKEYSVILL	D. INSIDE C	SX NO
	33 BALTIMORE, MD 2		E. STREET AND NUMBER	12	SAL NOLL
A		- 120)	P.O.BOX 28	1	
5.	SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	Under 1 Yr., If Under 24 Hrs.
8	MALE INFOSO	OWED K DIVORCED	11-29-80	ost birthdoy) Me	onths Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 108, KII		11. BIRTHPLACE (State or foreig		CITIZEN OF WHAT COUNTRY
do	ne during most of working life, even if retired)		Harland Co	. Md.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE'	
	SAMUEL JOHNSON				
5. Y	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (It yes, give wor or dotes of ser	1 6. SOCIAL	17. INFORMANT		ADDRESS
	The state of the s	SECURITY NO.	A MATQUELTO	R 1 ()	. L11. 1. 1
-	18. 4-2 2 4 1	215-32-0915 CAUSE OF DEAT	A -1 1-111-	Dosley Co	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	- J	A	· ·	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	Linta	hepatric mas	S	Unknown
	(This does not meon the mode of dying,		A CONSEQUENCE OF:		widdism if
	hearl failure, asthenia, etc. It means the dis injury ar complication which caused death.)	eose,			
	ANTECEDENT CAUSES	40			
	DISEASES OR CONDITIONS, if any,	iving (8)	A CONSEQUENCE OF:	***************************************	
	rise to the abave cause (A) stating	the			1
	UNDERLYING CONDITION last	(C)			*****
NO	OTHER SIGNISIS AND SO VIDENCE CONTROLS	TIME O	1 45		
110	TO THE DEATH BUT NOT RELATED TO THE TERM		nety emboli		
CERTIFICATI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A AUTOPSY? (Xes or No)	208. IF YES, WERE FIND	NGS CONSIDERED
RTIF	WAS PERFORMED		110	IN CERTIFYING CAUSES	OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, at	or obout 21C. WHERE DID	(If In Boltimore City	/, give exect location)
AL	DEATH (notify medical examiner)	home, form, foctory, street, at	ice pidg., INJURY OCCUR?		
200	21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
MEDI	OF INJURY (APPROX)	While At Not While			
		Work At Work	<u>니</u>		
	22. I certify that (1) (this haspital) otten	P-1-	3/17/0 15	64 to 5/	3 19 69
	that (1) (we) last saw the deceased alive	on 5/3	19_67and that	t in (my) (aur) apinion	death accurred on the date
	and have and from the causes stated abo	ve. (1) (We) (did) did not) v	lew the body after death.		
	23A, SIGNATURE				DATE SIGNED
	David N. Kats	M. DEGREE Phys	nding Med. S	hys.	5/3/69
	23C.PHYSICIAM'S NAME (Type)	DEOREE	23D. ADDRESS		191-1
	DAVID H. KAT	Z M.D. DEGREE	THE JOHNS HOP	KING HOCKIT	EAI
24/		4C. NAME of CEMETERY OF CRE	MATORY 24D. LO		wn, or county) (Stotel
	BURIAL 5-7-69	War Liber CI	10 11	1 1 0	Md
25/		WEST LIDATY CHY	rch Cem. N	Artord Co.	ADDRESS
		U. Tratalla	Morrain & Di	OTT III	
VE.	150-REV- 1/1/68		THE INCHARGO AND TYPE	21 7.17.	701 LAURENS

X The state of the s

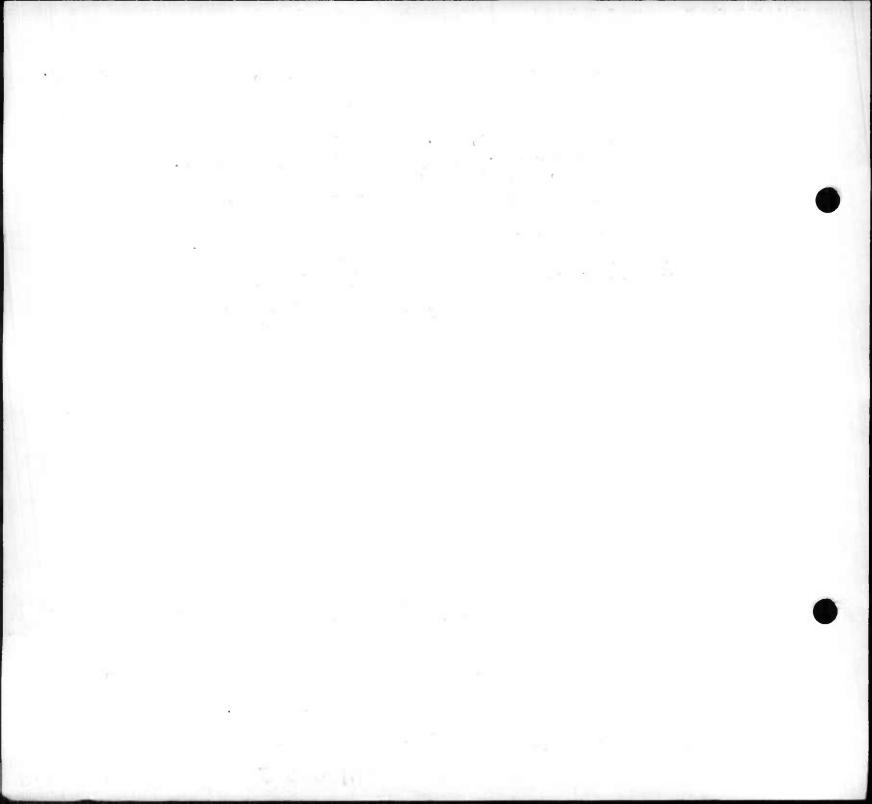
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

69	A CALLACT	Y HEALTH DEPARTMENT		
BIRTH NO.	4500 CERTIFICA	TE OF DEATH	REG. NO	-69 - 4500
1. NAME OF DECEASED			ND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WI	N WILLIA	1 / - / 1	4 125 19	691 150 PM
JOHNS HOPKINS	HOSPITTL	4. USUAL RESIDENCE (Whee	ATY .	
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION GIVE STREET		LTIMORE	CITY 19-01
INSTITUTION		BALT (MO)	D. INSII	DE CITY LIMITS?
33		E. STREET AND NUMBER		YES NO
		305 N.	MOUNT	St. 21223
FEMALE N.	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs
	WIDOWED DIVORCED	13/1/38	ilinal	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work) done during most of working lite, even if relired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country!	12. CITIZEN OF WHAT COUNTR
Student.		MD.		USA.
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		
5. Wos Deceased Ever in U. S. Armed Fore	ILLIAMS	trene	Carrty	
tes, na or unknown) (It yes, give war ar dotes	of service) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		Chart.		
18,	CAUSE OF DEATH	d		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRE	CTLY	P +		- 11
(This does not meen the mode of	dving. e.g. (A) IMMEDIATE CAU		mor.	5 month
heart failure, asthenia, etc. It means to	the disease.	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	160m.)			
DISEASES OR CONDITIONS, if a	(8)	A CONSEQUENCE OF:		
rise to the above cause (A)	slating the	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE	E TERMINA!			
19A. DATE OF OPERATION 19B. COND. WAS PERFO	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED
2:11 one		Yes	IN CERTIFYING CAU	SES OF DEATH? WO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, larm, lactary, street, alf	or about 21 C. WHERE DID	(II In Baltimare	City, give exoct lacation)
DEATH (notify medical examined)	etcJ			
21D.TIME (Month) (Day) (Year) OF INJURY	(Haus 21 E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Wark Nat While At Wark			
22. I certify that (1) (this hospital)		1. 1.3.0	969 to	5/1 1969
that (!) (we) last saw the deceased	and I .	11 10		Ion death accurred an the date
and haur and fram the causes state	d abave (1) (We) (did) (did not) vi			on acom accorred on the dat
23A. SIGNATURE		The body dilet deaths		23 B, DATE SIGNED
W ? Quell cra	- 19 1 1 Ph.m	ding Med. S	Shaff Phys.	5/1/69
23C. PHYSICIAN'S NAME (Type)	GLOREE	3D. ADDRESS	nys.	-7.707
	KNALL	JOHNS HO	Drine.	HOCDITI
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CREA		CATION (City.	town, or caunty) (Stote)
Bur AL 5-6-19	MT. Dubur		9 11	hd.
SA. DATE REC'D BY HEALTH DEPT. 2	5B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	140	ADDRESS
4 1303	11 18 AN 15 15 18 - 10	1211 4 2 4 1		
11131	N. B. 35. & B. O.	MARTELLANDE	10/1	LAURENS ST.



-	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	death death eased n the Such
	of of contract of
	a hos ause e; (5) ndan
	d in caus
	ibuti ined ined ular id pr
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	deati or Undeas as in
,	directify, (4)
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	r or l onou r atte
	miner fract fract go pr
	exar (3) A n wh in re
	dical lical rrns; rsicia was main
	mec dy bu phy cian
	e chi by a 2) Boc e the ohysi
	by th pital re; (3 wher No p
	hosi natu cept d (6)
	fany fany (ex); an
	t be sed to sent of the spital spital eath ust b
	relea iccidea a ho: to d
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	Sed an
	200111

	69	46		HEALTH DEPARTMENT	DEC NO	00	4004	
BIRTH NO.		10	CERTIFICA	TE OF DEATH	REG. NO	53	4001	
1. NAME OF DECE	ASED			2. DATE A	NO HOUR OF DEATH	1		
	NATHANIEL	COOP	ER	May 3	, 1969		3:45	a. A
3. PLACE IN BALT	MORE, MARYLAND, W	VHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If	institution	residence before	odmission
FULL NAME OF	OF NOT IN HOSPIT	AL OR IN	STITUTION, GIVE STREET	Maryland		11	4-119	7
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY	LIMITS?	
29	Provident	Hospi	tal, Inc.	Baltimore		YES 2	NO T	7
2/	1514 Divis			E. STREET AND NUMBER				
	Baltimore.			1631 Pennsyl	vania Ave.			
	6. RACE		ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Und	er 1 Yr. II Ur Doys Hours	nder 24 Hrs
Male	Negro	WIDOW		3-12-12	loss the (hodoy) 57)	Monins	Doys Hours	Min.
done during most of we	PATION (Give kind of work orking life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fore	ign country)	12. CIT	IZEN OF WHAT	COUNTR
Union	10489	- CIA	it	Maryland			USA	
3. FATHER'S NAM		1		14. MOTHER'S MAIDEN NA	MAR		0.021	
Jaka	1			. (,			
5 W D 15	COPPER	-		GRATRUC	e			
(Yes, no or unknown)	ver in U. S. Armed For If yes, give wor or dote	s of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
			216-01-0334	Lellie Cou	ben - 3	3421	7 Chila	10 B
18.	8.9		CAUSE OF DEATH	1			APPROXIMATE	INTERVAL
DISEASE	OR CONDITION DIS	RECTLY			•		BETWEEN ONSET	AND DEATH
	EADING TO DEATH		(A)IMMEDIATE CAU	SE Devene Sus	Rouleche	~		
heart failure, a	I mean the mode of sthenia, etc. It means	dying, e.	V. Junesconsconsconscons	A CONSEQUENCE OF:	WITH COP WITH			
injury or comp	licalian which caused	deoth.)		•				
At	NTECEDENT CAUSES		in alle	12. Rulion				
DISEASES OR	CONDITIONS, il	any, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:				*********
rise to the	abave cause (A) CONDITION last,	stoling t						
ON DEREING	CONDITION IUSL		(C)	***************************************				
Z OTHER SIGNIEIC	ANT CONDITIONS CO	NITOIDIITINI						
E TO THE DEATH	ANT CONDITIONS CON	LE TERMINA	N					
19A. DATE OF C	PERATION THE CON	T 1 (A).	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IE VEC WERE	CINIDINICS	CONCIDENCE	
19A. DATE OF C	WAS PERF	ORMED		No	IN CERTIFYING CA	USES OF	DEATH?	
21A. ACCIDENT	WAS UNDERLYING I	1 2	18 PLACE OF INJURY (e.g., in		III to Rolling	o Chu al		
CIDEATH (notify m	NG CAUSE OF	h	18 PLACE OF INJURY (e.g., in tome, form, factory, street, all tod	ice bldg. INJURY OCCUR?	hr in pointing	re City, giv	e exoct facotion)	,
9	Month) (Day) (Year)							
2 101 1142041	vicinii (Day) (Teal)		TE INJURY OCCURRED While At Not While	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)			Nork LJ At Work		(0			
22. I certify th	nat (1) (this hospital)) attended	the deceased from Apr		9to_May	3	1	9 69
	st saw the decease			199 and the	ot in (my) (our) opi			
and hour and f	rom the causes state	ed abave.	(1) (We) (dld) (dld not) vi	ew the hody after death	,(), (,,		III occoired o	ii iiie dale
23A. SIGNATURE			(1) (10) (110) (110) (1	on the body dilet death.		238 DAT	E SIGNED	
Vinion	: 11 4	2	Atter	ding Med.	Shaff		7 3, 196	59
23C. PHYSICIAN	sua g. fo	acri	M.D. DEGREE Phys.	3D. ADDRESS	Staff Phys.	1100	7 71 -7	. ,
NAME (Type	e) U			D. ADDRESS	CT			
VIRGI	MIH Y. F	-1745		1514 Division	l Dt.			
SEMOVAL (Spe		24C.		MATORY 24D LC	CATION (CI	ty, town, c	or county)	(Stote)
BURIA	L 5-1-	69	MT. Auby	RN. B.	9 40,		Ma	,
SA. DATE RECO	HEALTH DEPT.	258. NAM	OF REGISTRAR	25C. FUNERAL DIRECTOR	•		ADDRESS	
EMI I	5 1969	UX	KOUL E. TOURCE	Mercoon	1) wolf	170	1 hours	CEA
/S 150-REV. 1/1/68					N.II	110	1174	- //



VS 151-REV. 1/1/68

P 1	69 4602 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO
0-016	BIRTH NO.
	1. NAME OF DECEASED (Type or Print) LEON BARBER 2. DATE Known X Month Doy Yeor Hour OF DEATH Estimated May 1, 1969
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
42	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION PRONOUNCED DEAD May 1, 1969 11:31 A. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
99	Sinai Hospital (DOA) A. STATE Maryland B. COUNTY 9-08 6. SEX 7. RACE 8. MARRIED DIEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
	MAKRIED NEVER MAKRIED
	Male Negro WIDOWED DIVORCED Baltimore YES NO DIVORCED BATTIMORE YES NO DIVORCED BENTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER
	3-23-1910 lost birthdoy) Months, Doys, Hours, Min. 523 East 23rd Street
	Balto, Md. 12. CITIZEN OF WHAT COUNTRY? Thomas Barber
	14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) USTODIAN DEDICAL FAVERTION
1 10 10	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS SECURITY NO. 18. INFORMANT BARBER 21.34 W. North
	19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY Hypertensive cardiovascular disease
	LEADING TO DEATH (A)IMMEDIATE CAUSE
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES (8)
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
	O THE DEATH BUT NOT RELATED TO THE TERMINAL ASTUMA and CHRONIC EMPTHYSEMA DISEASE OR CONDITION GIVEN IN PART 1 (A).
	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. Value
	UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX)
	(APPROX.) m. WORK AT WORK
	I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my opinion
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner
	ACTUAL COLOR SIGNED
	SIGNATURE M.D. ASSISTATO MEDICAL EXAMINER LA
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER May 1, 1969
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 56-69 MI, Hubben DA 140. Ma,
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

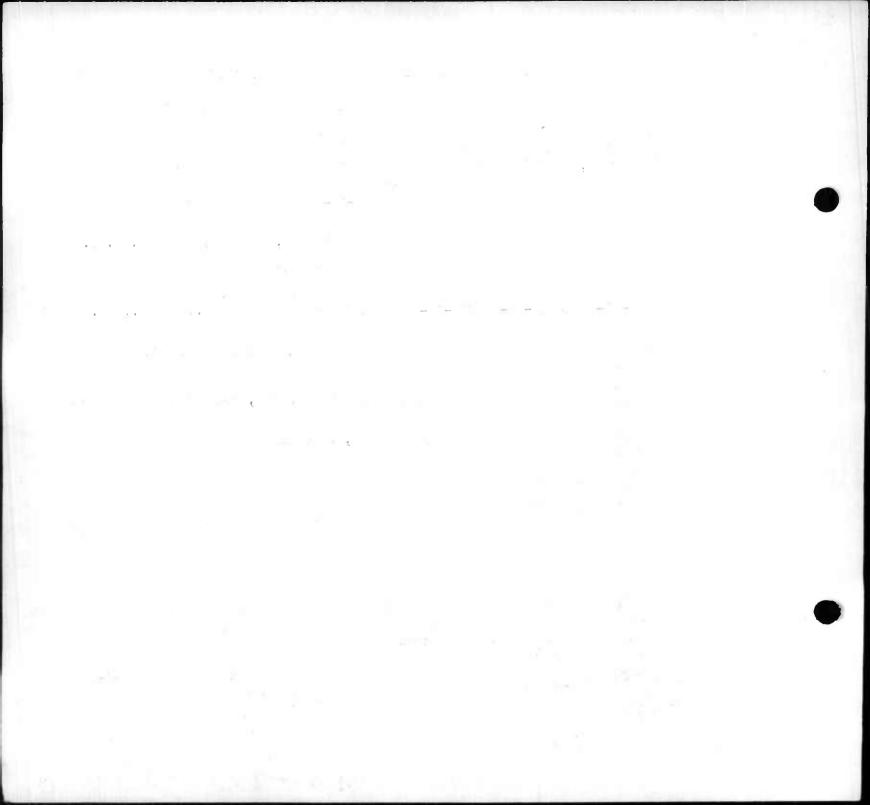
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

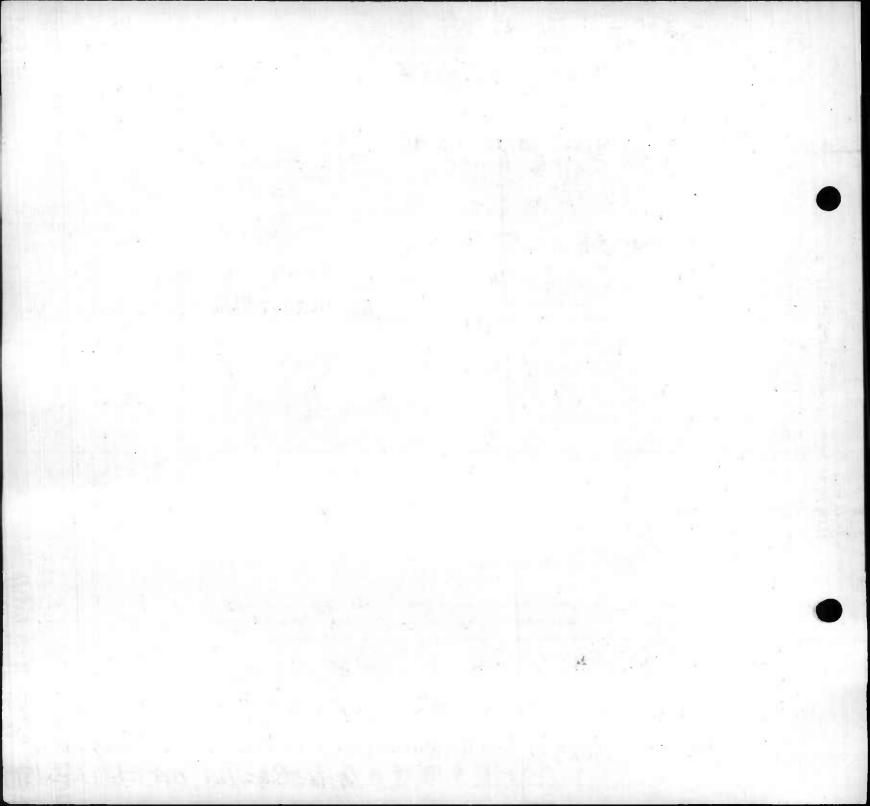
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	69	3 4	160	3 CERTIFICA	TE OF DEATH	REG.	NO	69	4603
1. NAME OF DE	CEA SED				2. DATE	AND HOUR OF	DEATH		
	RHEUBOT				3 1	MAY 1969		1	2:30 A
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PI	RONOUI	NCED DEAD	A. STATE B. CO	here deceased ti		ion: resider	nce belore odmissio
FULL NAME O	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR I	NSTITU	TON, GIVE STREET		BALTIMORE	CITY	15	-03
INSTITUTION	ETERANS ADMI		ΑΨΤΩ	N HOCOTOAT	C. CITY OR TOWN		D. INSIDE C	ITY LIMITS	?
	900 LOCH RAVI				BALTIMORE		YES	s j r	NO 🗌
	BALTIMORE, MAI				E. STREET AND NUMBER		CONTINUE		
5. SEX	6. RACE			1218	1714 NORTH S				
MALE	NECROID	WIDO	WED		8. DATE OF BIRTH 4-18-93	9. AGE (In yolas)	76 Mo	Under 1 Y	s II Under 24 Hr Hours Min.
done during most of	CUPATION (Give kind of wo	108. KIN	D OF	SUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12	CITIZEN	OF WHAT COUNT
FARMER	working me, even it tellied)		ARMI	NG	EL DEDCDIDO	MADEE AND		** 0	4
13. FATHER'S NA	AME	1 2	niurii.	IVO	ELDERSBURG,	MARYLAND		U.S.	A.
	RHEUBOTTOM				FANNIE HORS				
15. Was Decoose (Yes, no or unknow	d Ever in U. S. Armed Fo	rces?	vice) 1	6. SOCIAL SECURITY NO.	17. INFORMANT VA HO	SPITAL R	ECORDS	ADI	DRESS
YES	8-23-18 TO	12-16	5-18	218-12-2868	3900 LOCH RA			O., M	D. 21218
18.	1.01			CAUSE OF DEAT	1				PROXIMATE INTERVAL
DISEA	SE OR CONDITION D				Generalized	Arterios	clerosi		Years
(This does	not meen the mode o		0.5	(A) IMMEDIATE CAU	SE		0701007		
heart failure	, asthenio, etc. It mean	s the dis	ease,	DUE TO, OR AS	A CONSEQUENCE OF:				
injury or co	mplication which cause			Intracan	ebral Hemorrha	ge left	ei da	1	Years
	ANTECEDENT CAUSE			ge, Terr	oruc		loars		
DISEASES	OR CONDITIONS, if	any, g	iving		A CONSEQUENCE OF:				
UNDERLYIN	G CONDITION lost.	aming	1110	(c) Hyperten	sion, essentia	1		7	Years
	11								
TO THE DEA	FICANT CONDITIONS CO	HE TERMI	ING NAL						
19A. DATE O	F OPERATION 198 COL		FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B IF YES	WERE EINDI	NGS CON	SIDERED
2	WAS PEI	FORMED			Yes	IN CERTIFY	WERE FINDI	OP DEAT	H?
OR CONTRIB	NT WAS UNDERLYING [UTING [] CAUSE OF y medicol exomlned		home,	ACE OF INJURY (e.g., in form, fociory, street, of	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(i) in	Boltimoro City	, give exo	ct locotion)
OF INJURY	(Month) (Doy) (Year)	(Houd)		NJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?			
(APPROX)			While Work	At Work	· 🗆				
22. I certify	that (K (this hospita	I) attend			MAY	19 69 to	3 MAY		10 /0
) Jost saw the deceas				19 69 and				1969
	/ / /				lew the body after death	ruoriu(DMX) (c	or obtatou	nantu oc	corred on the da
23A. SIGNAT	UR			, (C.C, (C.C.)	I'm body diter death		23 R	DATE SIG	NED
hy	mand	1		Atte	nding Med.	Staff Phys.			
23C. PHYSICI NAME (AN'S	-		DEGREE Phys			N DOTTE		3-69
	L ANGULO			The state of the s	3900 L	OCH RAVE			
24A. BURIAL CR	EMATION, 248, DATE	24	C. NAA	MD DEGREE		ORE, MAR		21218	atul d describ
BURIA	Specify) 5-7-6	59	B	Allo NI	9/- 7	BO A	(Criy, for	wn, or cou	ply) (Stote)
5A. DATE RECE	BY HEALTH DEPT.	258. NA	ME OF	REGISTRAR	25C. FUNERAL DIRECTO	JR .	-	Ą	DDRESS
	5 1969	U	ولاد	totako	ABORRENET	1)4011	170	21 L	AY R.EN



0	69 4604 CERTIFICATE OF DEATH REG. NO. 69 4604
	BIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
	(Type or Print) ANNIE RICE MAY 3 969 M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: tesidence before admission) A. \$TATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWNS D. INSIDE CITY LIMITS?
	90 1802 EUTAGE PLACE 362 Phinne Rd 52-00
is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min. WIDOWED DIVORCED 5-19-1891 12. CITIZEN OF WHAT COUNTRY?
disposition	done during most of working life, even if refired) HOUSEUS F-E AT HOME 14. MOTHER'S MAIDEN NAME
dispo	-MARY MILLER
tinal	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (It yes, give war ar dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ALBERT MANISKI 362 PRINE R.
are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
remains	UNDERLYING CONDITION last. (C)
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
betor	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR?
ained before the	21D. TIME (Manth) (Dayl (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Wark Not While At Wark
pe opt	22. I certify that (I) (this hospital) attended the deceased from 12.22 1968 to 5.3 1969, that (I) (we) lost saw the deceased alive on 29.1969 and that in (my) (our) opinion death occurred on the date
al must	ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Staff Phys. Director Phys. Director Phys. Director Director Degree Phys. Director Degree Phys
approv	23C. PHYSICIAN'S NAME (Type) ENSUDETH E. COCK MID OEGREE 2431 MARYIAND AVENUE [24A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
written	REMOVAL (Specify) BLRIAL MAY 5, 69 FIRST UNITED EVANGELIE AL CEM BALTIMORE MARYLAND 25A. DATE REC'D BY HEALTH DEPT.) 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS
3	MAY 5 1969 GO 90 6. 3 Count & Dypost Bras Inc 1800 F Long by 2d ST



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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO

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١	BIRTH NO.	3
ı	I. NAME OF	DECEASE

MARIA

2.	DA	TE	AND	HOU	R OF	DEATH
			m //	. /.	11	

	2. DATE AND HOUR OF DEATH	45		
	3/4/69	111		A. M.
4. USUAL A. STATE	RESIDENCE (Where deceased lived, if institution B. COUNTY	residence	before	odmission)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

GERMANO

Maryland

E, STREET AND NUMBER

DATE OF BIRTH

Italy,

14. MOTHER'S MAIDEN NAME

Baltimore

If Under 1 Yr. Months: Doys

FULL NAME OF HOSPITAL OR

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

C. CLIY, OR TOWN PALTIMORIZ D. INSIDE CITY LIMITS? NO X YES

TIMORE (ITY HOSPITALS 4940 Eastern Avenue Baltimore, Md.

Edgewater 3708

21222

S. SEX Female 6. RACE White

7. MARRIED NEVER MARRIED WIDOWED X DIVORCED

lost birthdoy 11-15-1893

12. CITIZEN OF WHAT COUNTRY?

18A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)

HOME

11. BIRTHPLACE (State or foreign country)

U.S.A.

Hours

If Under 24 Hrs.

13. FATHER'S NAME

Housewife

7. INFORMANT 6. SOCIAL

CAUSE OF DEATH

9. AGE (In years

ADDRESS

IS. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (II yes, give wor or dotes of service)

SECURITY NO.

Records: BCH-4940 Eastern Ave.

21224

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

Dud Was IMPORTANT assistant death kind; any pronounced O fracture examiner aminer. who physician medical chief the

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1 000	1			
DISEASE	OR CO	NDI	HON	DIRECTLY
L	EADING	TO	DEA	TH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUEN

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exoct location)

MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) OF INJURY

(Hour) 21 E. INJURY OCCURRED While At

21F. HOW DID INJURY OCCUR?

(APPROX.) 22. I certify that (1) (this haspital) attended the deceased fram

that (1) (we) last saw the deceased alive an.

Not White At Work Work

May 4.

19 69 and that in (my) (our) aplaion death accurred an the dote

and haur and fram the couses stated abave. (1) (We) (did) (did nat) view the bady after death.

23A, SIGNATURE 23C. PHYSTCIAN'S

Joseph Kaplan

Attending

Phys.

23B, DATE SIGNED Baltimore City Hospitals

4940 Eastern Avenue, Baltimore, Md. 21224 24D. LOCATION

BURIAL DURIAL MAY 8, 1967 25A. DATE REC'D BY HEALTH DEPT. | 25B.

24A. BURIAL CREMATION, 24B. DATE

NAME (Type)

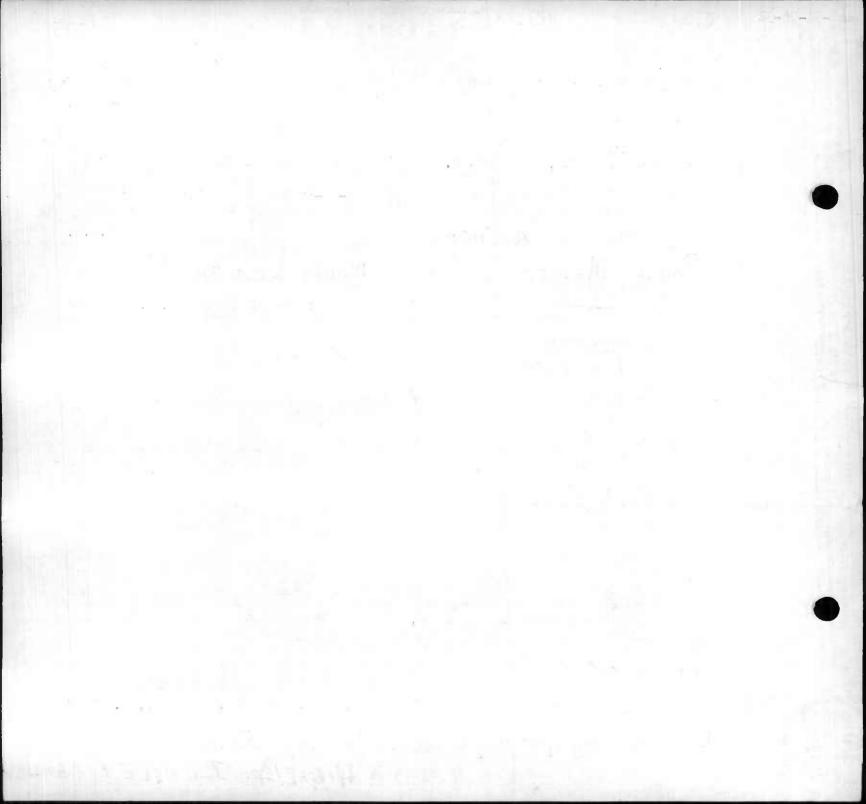
REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

GENETERY 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/6B

DIRECTOR: FUNERAL



4606 69

BALTIMORE CITY HEALTH DEPARTMENT

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CEDTI		TE	OF	DEATE	
CEKII	ITIU.A			DEATH	

REG. NO	69	460
REG. NO	69	460

0 2	BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO				
± 3	I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
on .	(Type or Print) MALDONADO JUAN T	5-3-69 10-35Am				
-5	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3-11				
	HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
attend ior to	CHURCH HOME AND HOSPITAL	E. STREET AND NUMBER				
100	Capatal.	1435 F. FAYETTE ST. BAL. MD 2/23,				
gular sed p made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.				
regul eased is ma	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	17-23-17 53				
in	done during most of working file, even if refired)	IN 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
as e d	13. FATHER'S NAME	THE ICIC WICO				
¥ the	Tois again Mai Donia Ag	14. MOTHER'S MAIDEN NAME				
on on I dis	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT				
deat ce o	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Wife (Mrs Stella) 1435 F. Bull-				
C :=	C62-240719 CAUSE OF DEA	sweet.				
o d	20017	BETWEEN ONSET AND DEATH				
atte	Chis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE Deute Myocardial DUE TO, OR AS A CONSEQUENCE OF: Lipharclion will Compute A-V clessicalid					
0 - 8	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:				
m b	injury or complication which caused death.) Interpolation will Complie A-V dessecialed					
Peg.	ANTEGEDENT CAUSES					
3 - 5	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the					
ns an	UNDERLYING CONDITION last. (c) Dealer	ils milliless				
vas main						
an v	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL					
404	< IDISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
- S +	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, c	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)				
who do	DEATH (notify medical examiner)					
(6)	OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?				
dept (6	(APPROX.) While At Not Whi					
ando	22. I certify that (I) (this hospital) attended the deceased fram	5-3 1969 10 5-3 1969				
- C 0	that (1) (we) last saw the deceased alive an 5-3 1967 and that in (my) (our) apinion death accurred an the date					
ospit deat must	and that the causes stated above. (1) (me) (did) (did nat) view the body after death.					
	23A. SIGNATURE Mesbahuddowla mid AM	23 B, DATE SIGNED				
40-	DECREE Phy					
was D.O.A. at a deceased prior t written approva	PAGE CTYPE MESBAH UD DOWLA MD	CHURCH FOME AND HOSPITOL 91931				
D.O.A.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)				
D.C ase	BURIAL MAY 6, 1965 HOLY REDEEMS	Man				
as oriting	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	255. FUNERAL DIRECTOR ADDRESS				
₹0 ₹	MAY 5 1969 Violegia C. Jerisey	DIPOREL BROOKING 1800 E LOMBARD ST				
	VS 150-REV. 1/1/68					

was D.O.A.

a hospital cause

	69 4607 BALTIMORE CITY HEALTH D	PEPARTMENT CO 4000
	CERTIFICATE OF	DEATH REG. NO. DJ 4007
H L	BIRTH NO.	
110	Type or Print)	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL	RESIDENCE (Where deceased lived, If institution: residence before admission)
H	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	ALTIMORE, MD. 10-01
Ш	IIC. CITY OR	TOWN D. INSIDE CITY LIMITS?
U	KITTLE SISTERS OF THE POOR ESTRET	YES NO
P	E. STREET	AND NUMBER
#	BALTIMORE, MD., 21202 120	o VAlley ST,
1	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF	F BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	MARKIED NEVER MARKIED	lost birthdoy) Months Doys Hours Min.
		22-87 87
1.7	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPL done during most of working life, even if retired)	ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
11		Time Ra Md.
	13. FATHER'S NAME	TIMORE, Md.
П		
	WILLIAM W. HAAS CH	PISTING E, BRANDT
11	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORM (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS 1200 Valley At
	216-03-8233+.D	Sr, George, Sup. Batterion, mel
1	18. / 5 4 / 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
П	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
H	LEADING TO DEATH	vim 2° m 19-1
II	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUE	FN CF OF:
Ш	heart failure, asthema, etc. If means the disease,	
	injury or complication which coused deam,	of Greent.
	(B)	
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQU	JENCE OF:
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	
	UNDERLYING CONDITION lost. (C)	
z	Z	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	TORGAN (V N.) 200 II. YES, WERE SINDINGS, CONSTRUCTION
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AU	TOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	11 60	
	OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 home, form, foctory, street, office bldg., IN	C. WHERE DID (If in Boltimore City, give exoct location) IJURY OCCUR?
	DEATH (notify medical examiner)	

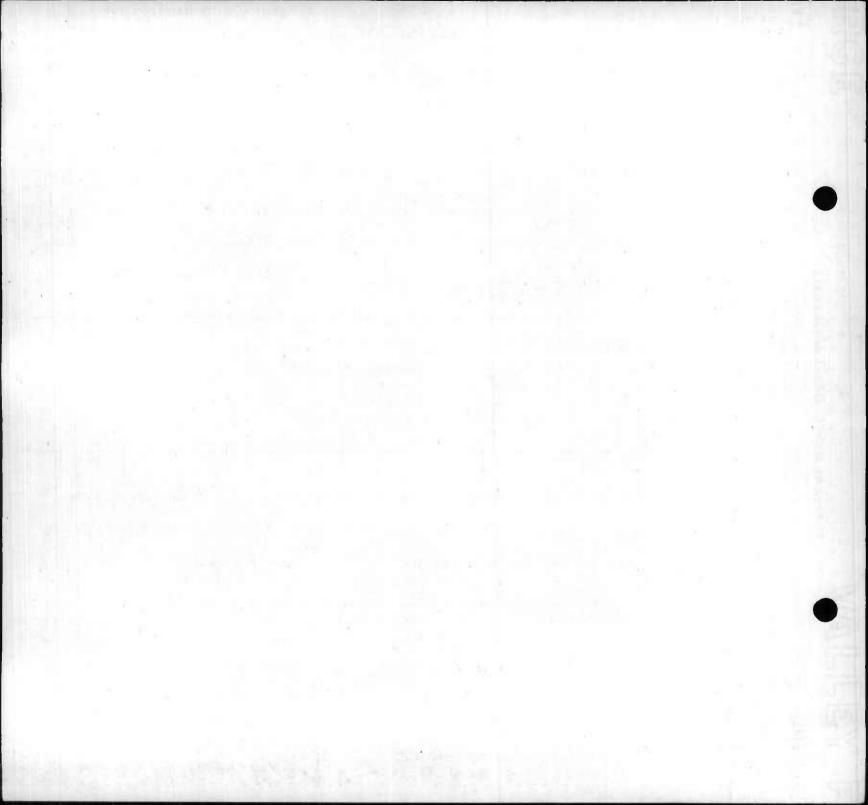
MEDIC. 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work Not While At Work (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on that (1) (we) lost sow the deceased olive ond that in (my) (our) opinion death occurred on the date ond hour ond from the couses stoted obave, (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Staff Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type)

(City, town,

or county)

ADDRESS

(Stote)



VS 150-REV. 1/1/68

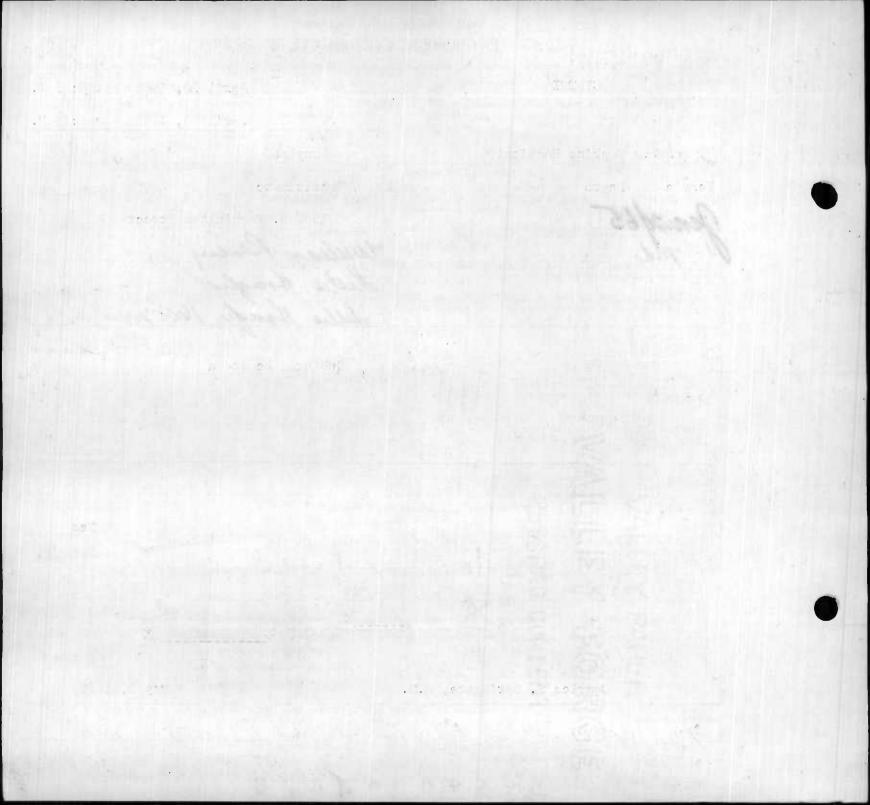
EG. NO	69	4608

1	BIRTH NO.	CERTIFICA	TE OF DEATH					
	1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	.0			
	Hoveyoutt, ALice		abril 30, 1969 19 Pm M.					
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If ins	stitution: residence before admission)			
Ш			A. STATE B. COUN	TY	5			
1)	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND		9-01			
Ш	INSTITUTION ADDRESS OF FOCATION		C. CITY OF TOWN	D. INSIC	DE CITY LIMITS?			
1	45		BAITIMORE YES V NO					
		The State of the S	E. STREET AND NUMBER					
H	GOOD SAMARITAN HO	Spital	1208 NOL	AN CT. A	PT. A I			
	5. SEX 6. RACE 7. MARI		8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.					
II	E C WIDO	WED DIVORCED	Appl 21, 1997	lost birthde	Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (State of loreis	gn country)	12. CITIZEN OF WHAT COUNTRY?			
1	done during/most of working life, even if retired)		01 1 4					
	Hrusewefe-		Blucketon	e Da,				
	TS. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE O				
	WILLIAM BOULDEN		KEBECCA					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17, INFORMANT		ADDRESS			
		220-30-2180 A	James 170	regent	602 Tr Land St			
1	18.	CAUSE OF DEATH		()	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		/ n . /	(1	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A)IMMEDIATE CAU	a Renal fa	ilne.	TANK			
H	(This does not mean the made of dying,	e.g., DUF TO, OR AS A	CONSEQUENCE OF:					
Ш	heart failure, asthenia, etc. It means the disc injury at camplication which coused death,)	2 /	1- 1-1 6.60	Dulmas	delano			
ANTECEDENT CAUSES (B) ASCVD, CHT, COX-Phlmonale M								
								DISEASES OR CONDITIONS, if ony, gi
	UNDERLYING CONDITION Iosi.	(c)			γ			
	l l							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	***************************************		•••••			
	19A. DATE OF OPERATION 19B. CONDITION I	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
	Jaca of Beath:							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH								
							П	21D. TIME (Month) (Doy) (Year) (Hour)
ı	While At Not While							
	22. I certify that (1) (this haspital) attended the deceased fram 122 1969 ta 430 1969							
ı								
that (I) (we) last saw the deceased alive an								
								23A. SIGNATURE 23A. SIGNATURE TG 5-45in 1/31, M.D. Attending Med. Shoff Director Phys. Directo
ľ	23C. PHYSICIAN'S 23D. ADDRESS							
NAME (Type) TAH-HSinng HSU MD OFGER GOOD Saman for Hospital								
	24A. BURIAL CREMATION, 24B. DATE	C. NAME of CEMETERY OF CRE	MATORY 24D, LC	OCATION (Cit	y, town, or county) (Stote)			
	REMOVAL (Specify) Mus 5/10	mh author	11/0 mal 41	10. That L	ma			
	11150 84/17141/	111111111111111111111111111111111111111	U S W / I W / I I I I	I TILL A A' DUY IT				
	25A, DATE REC'D BY HEALTH DET. 25B, NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	seggo of	ADDRESS			

Marine Mays pg 775 auchora and Western Wardens 1777 Chie

H-200

1.0		46US	EXAMINER'S			ATH vo	69	4609
1. NAME OF DECE (Type or Print)	VIIIV		DUGH	2. DATE Kno	own X Mor		Yeor	Hour 4:15 P.
FULL NAME OF	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				Mon		Yeor	Hour 4:15 Pm.
or institution 3 Johns	s Hopkins Ho			A. STATE		B. COUNTY		
Target Co.	7. RACE	8. MARR	IED NEVER MARRIED	C. CITY OR TOWN	timore	D. INSIDE CI		
9. DATE OF BIRTH	Negro		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND N	UMBER	nington Str		NO [
STRTHPLACE STO	ote or foreign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAM		alead	eet	
14A.USUAL OCCUP done during most of wo	ATION (Give kind of work rking life, even if retired)	148. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MA	IDEN NAME	les	You're	
	D EVER IN U.S. ARME If yes, give wor or dotes			18. INFORMANT	Hrug	h 1600	Mare	herston Si
(This does not heart failure, a injury or comp AN' DISEASES OF RISE TO THE UNDERLYING	EADING TO DEATH I meen the mode of disthenio, etc. It meens the placetion which coused destricted by the course of the course o	e disease, coth.) Y, GIVING ATING THE	(B)(C)	AS A CONSEQUENCE		coma		
E DISEASE OR C	TH BUT NOT RELATED TO CONDITION GIVEN IN I OPERATION 20B. CO	PART I (A)	FOR WHICH OPERATION W	AS PERFORMED			21. AUTOI	PSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 100 place) 100 place 100 place								
ACTUAL SIGNATU EXAMINE NAME (Ty 24A. BURIAL CREM REMOVAL (Specify	RE Charles ATION, 248. DATE	8J.	Inspection Academt Suici Academt Suici Oringate, M.D. 24C. NAME of CEMETERY	de Hamicid CHIEF D. ASSISTANT ASSOCIATE OF CREMATORY LA MUM		INER MA	X	
VS 151-REV. 1/1/68	Y 5 1969	R	Det E. False	N. M. 320	aft.	Electren	7/1/2	9 / Carles



4610 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EVA MAINIED'S	CEDTIEICATE	OF DEATH
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

DJ 4010 BALTIMORE CITY HEAI	60 4040					
MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH REG. NO. 40.10					
1. NAME OF DECEASED (Type or Print) WILLIAM LALLEN	2. DATE Known Month Doy Year Hour OF DEATH Estimated April 30, 1969					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD April 30, 1969 9:30 P. M. S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)					
	A. STATE Maryland B. COUNTY 12 - 05					
MAKKIED - IAEA EK MAKKIED -	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO					
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. I last bightey) Months; Doys; Hours; Min.	E. STREET AND NUMBER					
Sept. 961913	419 East Lanvale Street					
Anderson South Carolina 12. CITIZEN OF WHALCOUNTRY?	James H. Allen					
14A.USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRY)	15. MOTHER'S MAIDEN NAME					
dane during most of working life, even if retired) Maintenence Man Food Fair	Mattie Ellis					
	18. INFORMANT ADDRESS					
(Yes, na ar unknawn) (If yes, give war ar dates of service) 212 -14-9177	Mr. Matthew Allen -4014 Belle Avenue					
	AUSE Gunshot wound of chest A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE	S A CONSEQUENCE OF:					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
	5 PERFORMED 21. AUTOPSY? (Yes or Na) Yes					
Z22A. EXTERNAL CAUSE WAS UNDERLYING ACCOUNTIB- UNDERLYING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about 12CC. WHERE DID (if in Baltimare City, give exact location) 12						
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 4-30-69 8:35 P. m. WORK AT WORK Shot during altercation						
Certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED						
24A. BURIAL CREMATION, REMOVAL (Specify) 5/5/6969 Mt. Calvary Ce						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
AV 5 1969 Red AV 5	Herbert E. Nutter -3035 W. North Ave.					

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular

attendance on the

a hospital

CAUSEAL OCCUPATION Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 11. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 11. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 11. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 11. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 11. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT COLUMN COUNTRY 12. BIRTHPLACE (Sate or foreign country) 13. BIRTHPLACE (Sate or foreign country)			BALTIMORE CIT	Y HEALTH DEPARTMENT		
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E. STEET AND NUMBER S. ARC	HOSPITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
S. SEX	46 L	UTHERAN	1 HOSPITAL			YES X NO .
No OWED No DIVORCED Aug. 12,1890 No stiffhelia No DIVORCED Aug. 12,1890 A	10				ITTIEN	AME
ADDRESS Service Serv	F	N	WIDOWED TO DIV ORCED	Aug. 12,1890	78	If Under 1 Yr. If Under 24 Months Days Hours Min
13. FATHER'S NAME States Brown 14. MOTHER'S MAIDEN NAME Willnett 7 15. Was Deceased Eve in U. S. Armed Forces? 16. SOCIAL NOTIFICATION OF A SERVICE SECURITY NO. NOTE 18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head foliate, estimate, etc., il means the disease, injury or complication which coased death). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving mise to the above cause (A) stoling the UNDERLING CONDITION Tools. OHNER SIGNIFICANT CANDITION TOST. OHNER SIGNI	dan during mast Domest	CUPATION (Give kind of work of working life, even if retired) :1C				U.S.A.
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Burial 5/5/69 Arbutus Memorial Park Baltimore Co. Maryland	24A, BURIAL C	REMATION, 24B. DATE				City, town, or county) (Sto
ADDRESS	REMOVA	L (Specify)				
258. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS W. North Ave.	2SA. DATE REC	AN HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Nutter - 30	35 W. North Ave.

Herbert E. Nutter - 3035 W. North Ave.

VS 150-REV. 171/68

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This certificate must be

was D.O.A. at a hospital (except where the physician who pronounced death

a hospital and

69 4612 CERTIFICATE OF DEATH was in regular attendance on the Such BIRTH NO. deceased prior to death. deceased prior to death); and (6) No physician was in regular attendance on the deceased pr Written approval must be obtained before the remains are embalmed or final disposition is made.

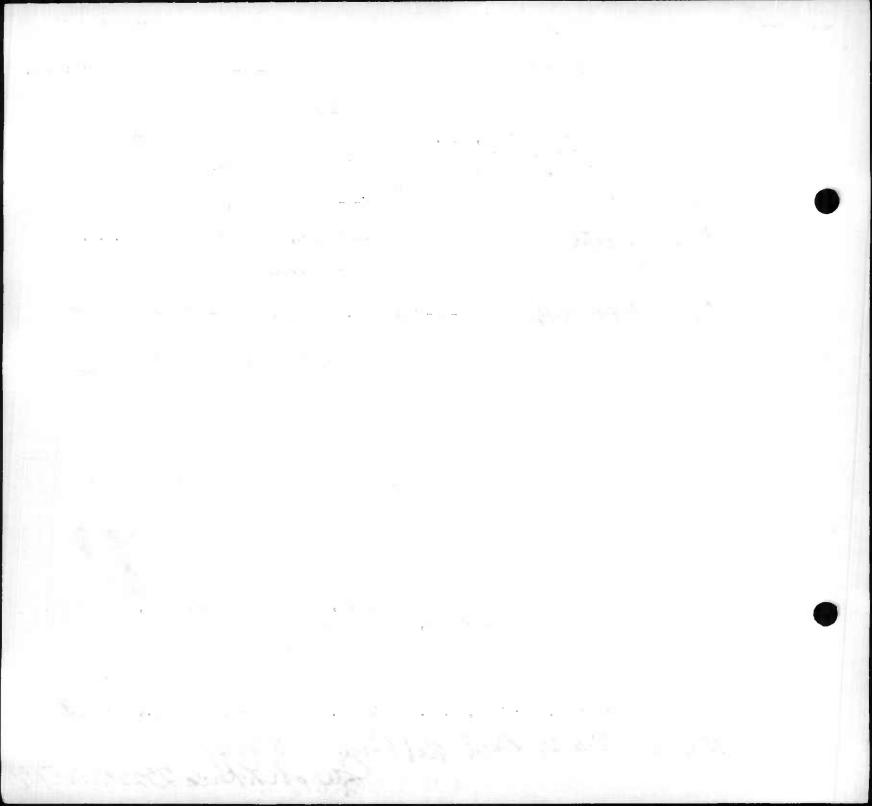
BALTIMORE CITY HEALTH DEPARTMENT

4612 REG. NO.

ADDRESS C

1. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
(Type or Print) Catherell C		4-30-69	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where decease A. STATE B. COUNTY	ed lived. If institution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR	INSTITUTION CIVE STREET	Maryland	15-10
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	MANUEL MON, GIVE STREET	C, CITY OR TOWN	D. INSIDE CITY LIMITS?
Provident Hosp	ital, Inc.	Baltimore	YES K NO
37 1514 Division		E. STREET AND NUMBER	
Baltimore, Mar	vland 21217	4006 Kathland Avenu	le
5. SEX 6. RACE 7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (I	n yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Negro wide	WED DIVORCED	6-9-19 last birthd	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KI) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country	
		Baltimore, Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Cook		Laura Quarles	
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) Ilf yes, give wor ar dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Mes 1944-1946	215-09-1275	Mrs. Laura Phillips	- Sister Same
Je. 5 7/1 91	CAUSE OF DEAT	н	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1 - 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	ISECIRRHOSIS OF	LIVER
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injury or complication which coused death.)	2		V I
ANTECEDENT CAUSES	(e)		
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11	(c)	***************************************	
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WAS PERFORMED		No IN CER	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
OR COMPRISION OF TAXABLE OF	218, PLACE OF INJURY (e.g., i		if in Boltimore City, give exoct location)
DEATH (notify medical examined	home, form, loctory, street, o	fice bidg., INJURY OCCUR?	
21D-TIME (Month) (Dov) (Year (Hourt	21 E INJURY OCCURRED	21F. HOW DID INJURY OCC	11 02
OF INJURY (APPROX.)	While At Not Whit		O KP
	Work Al Work		
22. I certify that (1) (this hospital) attend			taApril 30, 19 69
that (i) (we) last sow the deceased office	on April 30.	19ond that fn(my)	(our) opinion death occurred an the date
ond have and from the couses stated aboy	e. (1) (We) (did) (did not) v	lew the body ofter death.	
23A. SIGNATURS	1. 1. 1		238, DATE SIGNED
Toleller d. 170	Mucked Min Atte	nding Med. Staff	5/1/19
23C. PHYSICIAN'S		Director Phys. L	1/1/0/
Gilbert L. Ban	//-	722 N. Fulton Avenue	B-1to Managland
24A, BURIAL CREMATION 1248 DATE			
AEMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, lown, or county) (State)

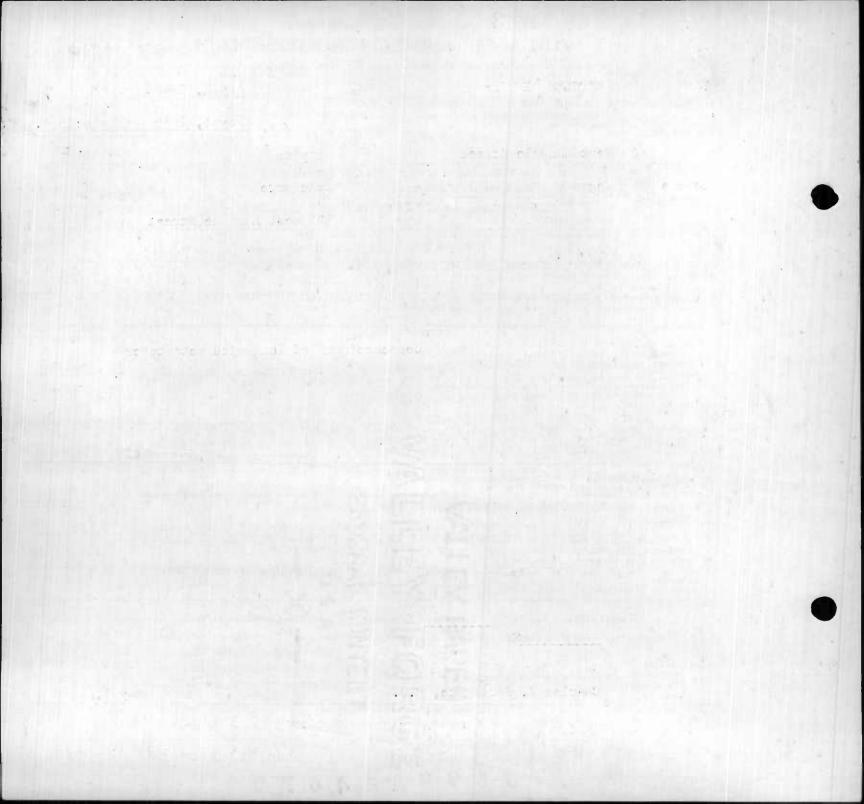
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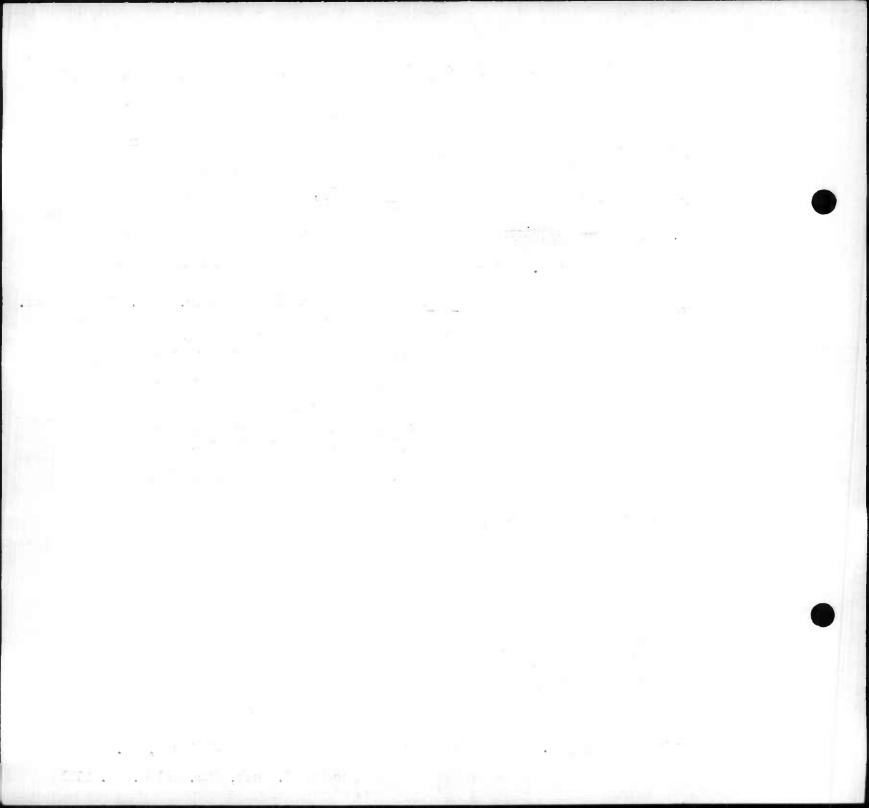
69 4613 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		MED	ICAL E	XAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO) 4	613	
1. NAME OF DEC		TELLE	IVY		2. DATE OF DEATH	Known 🛣	Month May	Doy 1, 1969	Yeor	Hour	
4. PLACE IN BA	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE		Month	Doy	Yeor	Hour	М.
FULL NAME OF	(IF NO	T IN HOSPITA	L OR INSTITUT	TION, GIVE STREET	PRONC	UNCED DEAD	May 1	1, 1969		6:15	Δ
HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCA	IION)		5. USUAL	RESIDENCE (When			residence b		on)
00	623 Wes	t Lanv			A. STATE	Maryland		B. COUNTY	17	7-0	3
6. SEX	7. RACE		B. MARRIED	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS?		
Female	Neg	ro	WIDOWED	DIVORCED [Baltimore		YE	s X	NO 🗌	
9. DATE OF BIRT	ř H	10. AGE (In lost birthdo:	yeors If I Mo	Jnder 1 Yr. If Under 24 Hr: nths Doys Hours Mir	1.	AND NUMBER 623 West 1	Lanvala	Street			
11. BIRTHPLACE (State or foreig	an country)	12.	CITIZEN OF	13. FATHE		dalivale	DELCCE			
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Yes, no or unknown) (If yes, give	wor or dates	of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANI		AD	DRESS		
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8										77.	
	RNAL CAUSE	ITRIB-	22B hom	PLACE OF INJURY(e.g. ne, form, foctory, street, of	in or obout fice bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exo	ct location)	No	
_		Doy) (Year			OT WHILE WORK	22F. HOW DID IN	IJURY OCCI	UR?			
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NAME (Type)		•	ingate, M.D.		OCIATE MEDICAL				, 1969	
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25A. DATE REC'E	BY HEALTH	1969	VIOUS NAM	E OF REGISTRAR	, M. 325C.	FUNERAL DIRECT	OR Halst	ead 120	DDRESS 06 W	North	n A
VS 151-REV. 1/1/6	8		1 7	5 9 0 0	0 4	6 7 6)				1



VS 150-REV. 1/1/68

627	II C'EL MILLE M	HEALTH DEPARTMENT 9 4614
sed the the cch		TE OF DEATH REG. NO. 40.14
S	(Type or Pant) RUPERT R. TRAGESTO	2. DATE AND HOUR OF DEATH
of of Dec se o ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
hos (5) de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MD. 12-05
cau use; tend	10	C. CITY ORTOWN D. INSIDE CITY LIMITS? YES NO
outing ed car ar att prior de.	10. GENERAL MOSPIAL	201 E. NORTH AVE
occur ontrib ermin regule eased is mag	MIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years less birthdey) 9. AGE (In years Months: Doys Hours Min.
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f de was		4. MOTHER'S MAIDEN NAME
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the the dea		Miss Josephine Trageser 1102E Belvedere Ave.
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hospita nature; ept who d (6) No ained be	OF INJURY (Month) (Dey) (Yeor) (Heur) 21& INJURY OCCURRED While At Not While At Work At Work	21f. HOW DID INJURY OCCUR?
00 000	22. I certify that (I) (this hospital) attended the deceased fram.	5/2 1967 to 5/5 1967
ロナゲニです	that (I) (we) last sow the deceased alive on	19 and that In (my) (our) apinion death accurred on the date
based to dent of lospital death) must be	and hour and from the causes stated above, (1) (We) (did) (did nat) vie	w the bady after death. 238, DATE SIGNED
3642	23C PHYSICIANS DEGREE DEGREE DEGREE	
y was relay was relay was relay. (1) An accident at a had brior to approval	Dense.	MI) - GENERAL HOSPITAL
F-200 -	REMOVAL ISpecify) 248. DATE 24C. NAME OF CEMETERY OF CREM	
This certif the body shows: (1) was D.O./ deceased written a	Burial 5/8/69. Holy Redeemer Cem 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
まれる きゅう	MAY 5 1969 1 (300 60 9 39 60 6)	Leonard J. Ruck, Inc. Balto. Md. 21214

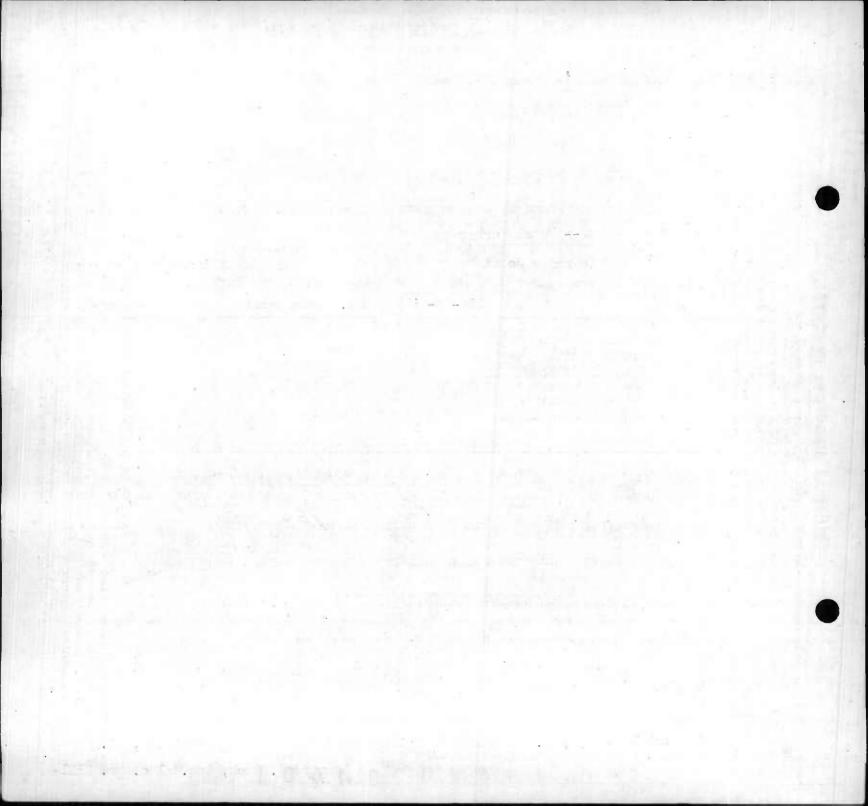


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIRTH NO. I. NAME OF DECLASED I. YOUR OF FIRM JOBST, MR. ANTON 3. PLACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD A. STATE FULL NAME OF DECLASED I. YOUR OF FIRM JOBST AL OR INSTITUTION, GIVE STREET A. STATE FULL NAME OF DIFFORM IN HOSSITAL OR INSTITUTION, GIVE STREET A. STATE FULL NAME OF DIFFORM IN HOSSITAL OR INSTITUTION, GIVE STREET A. STATE FULL NAME CHU RCH HOME OF HOSPITAL A. STATE S. SEK B. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOWER DIVORCED DIVORCED DIVORCED 1. 12 9 8 10 ADE IN YOUR AND HOSPITAL OR HOSPITAL OR INSTITUTION B. DATE OF BIRTH B.
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CHEVELITHIASIS STONE COMMON 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING 121B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) OR CONTRIBUTING 121C. WHERE DID OR CONTRIBUTION 121C. WHERE DID OR CONTRIBUTION 121C. WHERE DID OR CONTRIBUTION 121C. WHERE DID OR CON
198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21.6. WHERE DID 21B. PLACE OF INJURY (e.g., in or obout 21.6. WHERE DID 198. CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21.6. WHERE DID 198. CONTRIBUTING CAUSE OF 198. CONTRIBUTING 198. CONT
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONTINUE COMMON 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 108. CONTRIBUTING CAUSE OF DEATH? 108. CONTRIBUTING CAUSE OF LOCATION OF COURTS OF COMMON OF COURTS OF
WAS PERFORMED A 30. 69 CHALELITHIASIS STONE COMMON 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF A 30. 69 CHALELITHIASIS STONE COMMON
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY While At Not While
WORK AT WORK
22. I certify that (I) (this haspital) attended the deceased fram 4 19. 1969 to 5 3. 1969
that HT (we) last saw the deceased alive an
and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED 25B. DATE SIGNE
DEGREE Phys. Director Phys.
23C. PHYSICIAN'S PHAN WANCOY WD 23D. ADDRESS HER CA HOUR HOGINAL
DEGREE 100 N. Broadway, Square
4A. BURIAL CREMATION, REMOVAL (Specify) 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stote)
Burial 5/6/69. Gardens of Faith Cemetery Baltimore, Md.
258. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Liponardy & Ruck, Inc. Balto. Md. 21214

VS 150-REV. 1/1/68

Leonard J. Ruck, Inc. Balto. Md. 21214



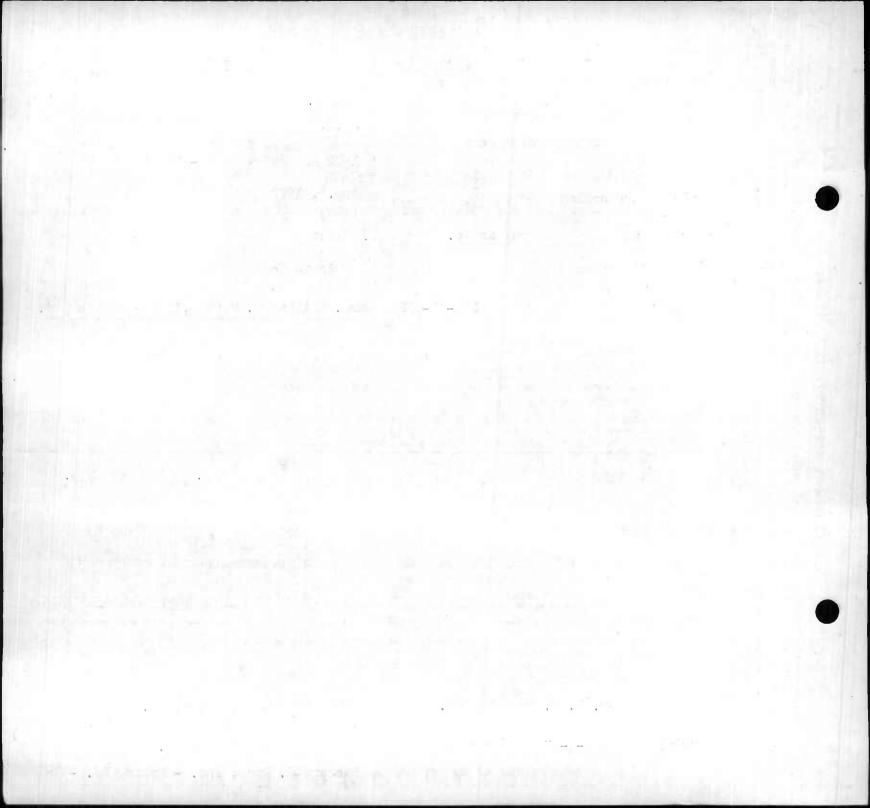
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

69	4	6	THE

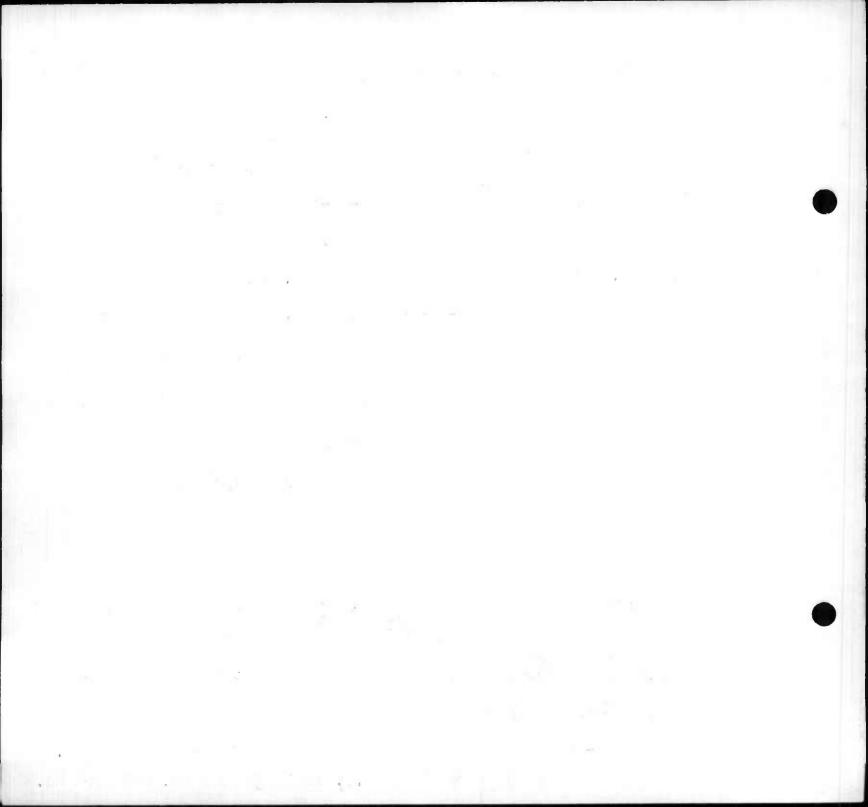
BIRTH NO.	69	40.1	CERTIFICA			REG. NO	.,,	10.10
1. NAME OF DEC	JAMES	TODD	DAVIES SR.			2, 1969	H	715 P. M
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONC		4. USUAL RESID		ere deceased lived. If	institution: re	esidence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Maryland			9	1-02
HOSPITAL OR	ADDRESS OR LOCA	A IION)		Baltimo		D. 1N	ISIDE CITY LI	IMITS?
90	Long Green Nu	rsing H	ome	E. STREET AND	NUMBER			140
/						ck Road - 2		
5. SEX	6. RACE		NEVER MARRIED	Aug. 8,		9. AGE (In years lost birthdoy) 66	If Unde Months	Doys Hours Min.
male	Caucasian	WIDOWED	DIVORCED DIVORCED DIVORCED DIVORCED				12. CITI	ZEN OF WHAT COUNTRY?
technic	working life, even if retired)	Grayma	r Co.	Indiana			USA	
13. FATHER'S NA		0.2 0.3		14. MOTHER'S M	AAIDEN N	AME		
Dav	id Davies			Minni	e Tod	d		
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
No 214-01-6326A Mrs. Lillian H. Davies, 1502 Ker						502 Ker	nnewick Rd.	
rise to It UNDERLYIN O OTHER SIGNI	ANTECEDENT CAUSES OR CONDITIONS, if ne obave cause (A) IG CONDITION last. II IFICANT CONDITIONS CO	any, giving slating the	(C)	A CONSEQUENCE		V. Dsens		4K
V DISEASE OR	CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER	RT 1 (A).		20 A. AUTOPSY				CONSIDERED DEATH?
OR CONTRIB	ENT WAS UNDERLYING [UTING CAUSE OF y medicol exominer)	21 ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, o	in or obout 21C. WH	HERE DID OCCUR?	(If in Baltin	nore City, giv	ve exoct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	E. INJURY OCCURRED hile At Not While At Work	le 🗂	W DID II	IJURY OCCUR?		
	y that (1) (t his haspita e) lost sow the decease		44.4.			19 62 to /		7 19 69 , ath accurred an the date
		ted above.	(I) (We) (did) (did not)	view the body of	ter deoth	•	Dan Da	TE SIGNED
23A. SIGNAT	AHT	1	M.O AH	ending A Me	ed.	Shaff Phys.		14 5 1969
23C-PHYSICI	ANS	The	DEGREE Phy	23D. ADDRESS	rector 🗀	rnys. 🗀	, ,,,,	7 -, 1,67
NAME (Dr. S. J.	Venabl	e, Jr.	7215 Y	ork R	oad, Balto,	Md.	
24A. BURIAL CR REMOVAL	EMATION, 24B. DATE (Specify)	24C. N	NAME OF CEMETERY OF CR	EMATORY	24D.	LOCATION	(City, town,	or county) (Stote)
burial	5-5-69		arkwood			altimore, M	d.	
25A. DATE REC'I	MAX 5 109	25B, NAME	OF REGISTRAR	Leonard		pck, Inc	Balto	, Md 14



REG. NO.	19	4617
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-435	69 4617 CEPTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 69 4617
of death of death Deceased e on the	1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
on on one	Type or Print William R. Walton J	R. 5/2/69 11:55 P.
pit O o o o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
hos use ; (5) dand	FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR INSTITUTION	Md. 27-55 C. CITY OR TOWN D. INSIDE CITY LIMITS?
9 S C C		Baltimore YES NO
D.= L.	42 Sinai Hospital	E. STREET AND NUMBER
but ned ned d p	5. SEX 6. RACE 7. MADRIED STRUCK AND DEED	8. DATE OF PIRTH 19. AGE (In years 111 Under 1 Ye 11 Under 24 Ha
ntri rmi rmi egu ase	M Cauc WIDOWED DIVORCED	6-19-1902 lost birthdoys Months Doys Hours Min.
エッキーウェ	10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
S Print	Accountant Accounting	Md. USA
if d (4) U (4) U the spos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
+ .= - = -	William R. Walton	Maude E. Chambers
istant the di kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
3 + x 2 5 F	No 216-36-1004	
his as so, if onced enda	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ier Verticala Filmillation
	(This does not mean the mode of dying, e.g., heart latture, asthenia, etc. it means the disease,	A CONSEQUENCE OF:
niner. actu pro ular mba	injury or complication which coused death.)	(1501
Xaminer. Xaminer. A fractument of the propertion of the propertion of the propertion of the propertion of the	ANTECEDENT CAUSES	A CONSEQUENCE OF:
exc (3) / (3) / in w	nise to the above cause (A) stating the	A CONSEQUENCE OF:
	1	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1988. CONDITION FOR WHICH OPERATION WAS PERFORMED	Diabetes Mellitus
chief Body the p ysicic ethe	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	
ved by the hospital b nature; (2) ept where d (6) No phained before	2 21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
oved te hos y natu ccept nd (6)	(APPROX.) While At Not White At Work	
0 0 0 0 0 0 0	22. I certify that (1) (this hospital) attended the deceased fram	4/8 19 69 to 5/2 19 67
10 to	that (1) (we) last saw the deceased alive an	19 6 9 and that in (my) (aur) apinian death accurred an the date
be trice to	and hour and from the causes stated above. (1) (We) (did) (did not) v	
2005	Alte	nding Med. Shaff Phys 238, DATE SIGNED
y was rell 1) An acc 3, A. at a b d prior to approval	23C. PHYSICIAN P	23D. ADDRESS
An a considerate An a considerate prior	1 Jacob F. MACLAD	Sinai Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
	Burial 5-5-69 Lorraine Park	Baltimore Md.
his hov	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
E C S E E	Land And And And And And And And And And A	H.W. Jenkins & Sons Co. 4905 York Rd.

VS 150-REV. 1/1/68



	69 4618 BALTIMORE CITY HEALTH DEPARTMENT								
	DIDT		CERTIFICA	ATE OF DEATH	REG. NO	461	3		
	1. N.	AME OF DECEASED	BEL KROI		5/3/69	1005	0		
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When		itution: residence before odn	nission)		
	HO	LL NAME OF (IF NOT IN HOSPITAL OR II SPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CHO OR TOWN	2	7 - 59 E CITY LIMITS?			
1	7	11 : 1	/	BALTO.		YES NO			
5	0	ringi Hospita	1	1654 NORTH	gALE,	ROAD			
	S. SI	EX 6. RACE 7. MAR WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years lost birthday	If Under 1 Yr. If Under 1 Months Doys Hours	24 Hrs. Min.		
		USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT CO	UNTRY		
		HOUSEWIFE FATHER'S NAME	OWN HOME	14. MOTHER'S MAIDEN NA	1 ORE, Md	21.80			
2		SYL VESTER K	ROH	MARGARE	T WA	GG NER			
	15. V (Yes,	Vos Deceosed Ever in U. S. Armed Forces? ,no or unknown! (If yes, give wor or dotes of serv	vicel 1 6. SOCIAL SECURITY NO.	17. INFORMANT	2000 = 144	LIAMS			
	1	No	220-54-7.	259 MISS IR	RMA E. WIL	CSAME			
5		18. 4	CAUSE OF DEA	1	1	BETWEEN ONSET AND			
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		AUSE Congestive 1	HEART FOIL	und			
		(This does not mean the mode of dying,	DUE TO, OR A	S A CONSEQUENCE OF:	(1)	- 72			
		heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)							
		ANTECEDENT CAUSES (B) (B)							
		DISEASES OR CONDITIONS, if ony, g rise to the obove couse (A) sloting	39	AS A CONSEQUENCE OF:					
2		UNDERLYING CONDITION lost.	(c)		•••••				
3	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
0	Ĕ	TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
		DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?			
5	U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g	, in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)			
	CAI	DEATH (notify medical examiner)	etc.)	omee sieg, intoki occok.					
3	ā	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY		21 F. HOW DID INJ	URY OCCUR?				
5	>	(APPROX)	While At Work Not W	nile D	,	1			
		22. I certify that (1) (this haspital) attend	ded the deceased fram	5/3	1909 to	5/3 196	7		
0		that (I) (we) lost saw the deceased alive	on	3 19 6 and th	at in (my) (aur) apini	on death accurred an t	he date		
		and haur and fram the causes stated aba	ye. (I) (Ne) (did) (did not)	view the bady after death.					
2		23A. SIGNATURE	111	Hending Med.	Shaff to	23B. DATE SIGNED			
5		Gerald Doffer		nys. Director	Phys.	0/3/6/			
	1	PAYSICIAN'S NAME (Type)	11. 1 mi	23D. ADDRESS	laca to	1			
2	244	GERALU DIFE	aman, MyGR	E DING(OSPITA		54-4-1		
3	ZAA	REMOVAL (Specify)	4C. NAME of CEMETERY OF C	Z4U. L	OCATION (City		Stote)		
0	254	Burial 5/7/1969 DATE REC'D BY HEALTH DEPT. 258. NA	Druid Ridge	P1	kesville, I	Balto Co	d.		
	ZJA	1969 1 00	5 9 000	H.W. JORKIN	& Sons Co	8 4905 Fork	Rd		
-	VS 1	150-REV. 1/1/68	a caracar	114004		Balto.12, M	101		

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

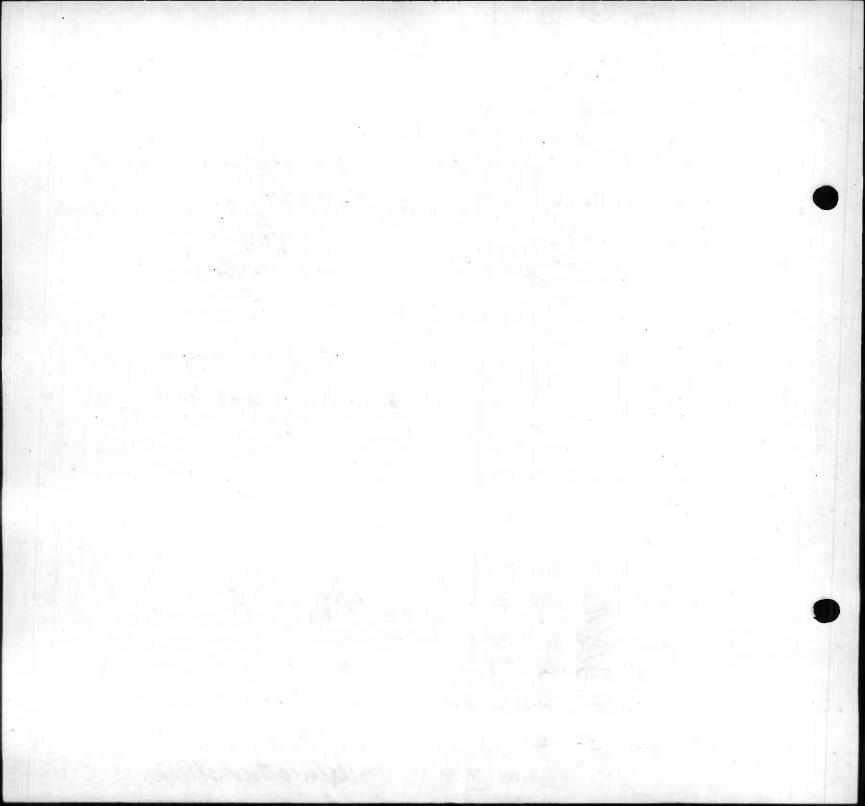
1	69 4619 BALTIMORE CIT	Y HEALTH DEPARTMENT		00 4040				
9	BIRTH NO. CERTIFICA	ATE OF DEATH	REG. NO.	69 4619				
	1. NAME OF DECEASED (Type or Print)	2. DATE AND	HOUR OF DEATH					
	KONALD K MCDANGA	2 M/	V 69	5-30 Du				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission)				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	W. Va		V-45				
		FAIRMOUNT	D. INS	IDE CITY LIMITS?				
	Univ. Hosp. BalTimore, Md.	E. STREET AND NUMBER		YES NO				
		RT5 BO	x 87					
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In yours	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.				
	WIDOWED DIVORCED	18/24/38	ost birthdoyl	Months Doys Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. FIRTHPLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTRY				
	unable To work. Burber	W.Va.		USA				
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E	1				
	Wm. h. Mc Dougal	Ruby Le	e HAW	Kins				
II	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or dotes of service)	17. INFORMANT		ADDRESS				
	WES GIVE WOY OF GOIES OF SETVICES SECURITY NO.	Med Rec						
	18. CAUSE OF DEA			APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY	as Assessed	1.00	BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	USE VOICE	can Colle	cepse.				
	heort failure, asthenio, etc. It means the disease.	A CONSEQUENCE OF:	(7				
	injury or complication which caused death.)	whe durings	carney	V				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	ni Val Sel	udsis!					
	has to the goode couse (A) stoling the							
	UNDERLYING CONDITION last. (c)	remusic,	Heary	usare				
I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
II	19A. DATE OF OPERATION 1198 CONDITION FOR WILLIAM	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE &	INDINGS CONSIDERED				
H	2 May 89 WAS PERFORMED & MILVER Val.	MARKE TU	IN CERTIFYING TAL	JSES OF DEATH?				
Ш	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(II In Boltimore	City, give exect location)				
Ш	DEATH (notify medical examined)							
I	21D. TIME (Month) (Day) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?					
I	(APPROX.) While At Work At Work							
I	22. I certify that (I) (this haspital) attended the deceased from	22 an 19	64 10	Q MAIL 10 60				
H	that (1) (we) lost saw the deceased alive on 2 Man	16.		ian death accurred on the date				
	and hour and from the causes stoted above. (1) (We) (did) (did nat)							
$\ $	23A, SIGHATURE	238, DATE SIGNED						
	Phy	nding Med. St	off Pys.	2 11/1/1 69				
#	NAME ITYPE	23D. ADDRESS	4	10101				
	H.M. ANDEDSON	UNIV HOS	pt					
1	44. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI		ATION IÇI	y, town, or county) (Stote)				
	Burial 5-6-69 Grandview	Fai	rmont	111.1/3				
1	SA. DATE RECO BY, HEALTH DENTO 23R. NAME OF REGISTRAR	25G FUNERAL DIRECTOR	1110111	ADDRESS				
	111111111111111111111111111111111111111	Jenlins	& Jons (Balto-Md				
1	\$ 150-REV. 1/1/68							

Add provide highly the County 15 35/52/3 madest should be and Lagrage - Man Maryer Mushy Lee Hore to the second second Rolling of Street Moundle Garage 2 Till an Et Carper Willyal Wil Decrees . Man -Ly hy hallow to

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🤇 🔊 the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT								
BIRTH NO. 69 4620 CEF	RTIFICATE OF DEATH REG. NO. 69 4620							
1. NAME OF DECEASED Nettel	Lucards 2. Date and Hour of DEATH 2. Date and Hour of DEATH 9 45							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. It institution: residence and the country) A. STATE B. COUNTY								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?							
729 Edgewood	1. Sactiman YES NO							
13 actimon, ma.	729 Edgeward St.							
7 // //	MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) NORCED 17. If Under 24 Hrs. Months Days Hours Min.							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS (done during most of working life, even if religied)								
13. FATHER'S NAME	Washington Georgia							
albert Steeth	Canes Daviel							
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURI								
18. 4 CAUS	SE OF DEATH SE OF DEATH BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Aut Calinia letteria intella							
	WEDIATE CAUSE ACONSEQUENCE OF:							
ANTECEDENT CAUSES	a trisclew to Wort Discosi sederalylas							
rise to the obove couse (A) sloting the	UE TO, OR AS A CONSEQUENCE OF:							
UNDERLYING CONDITION lost. (C)								
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL J DISEASE OR CONDITION GIVEN IN PART 1 (A).								
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPEN WAS PERFORMED	RATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF	INJURY (e.g., in or obout 21 C. WHERE DID tory, street, office bldg., tNJURY OCCUR?							
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY While At	Not While							
22. I certify that (I) (this haspital) ottended the deceased fram 4/14 1969 to 4/25 196 that (I) (we) last saw the deceased alive an 4/25 1969 and that In(my) (aur) apinian death accurred on the								
								and hour and fram the causes stated obove. (1) (We) (dia
23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Director Phys. D 23B. DATE SIGNED 4/30/69								
28C. PHYSICIAN'S NAME (Type)	23D. ADDRESS Time le ille Ont Baltoniel							
	DEGREE 2/2 METERY or CREMATORY (City, town, or county) (Stote)							
Burial 5-3-69 assured	tue Mem Sh. Bactemare Mil.							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS							
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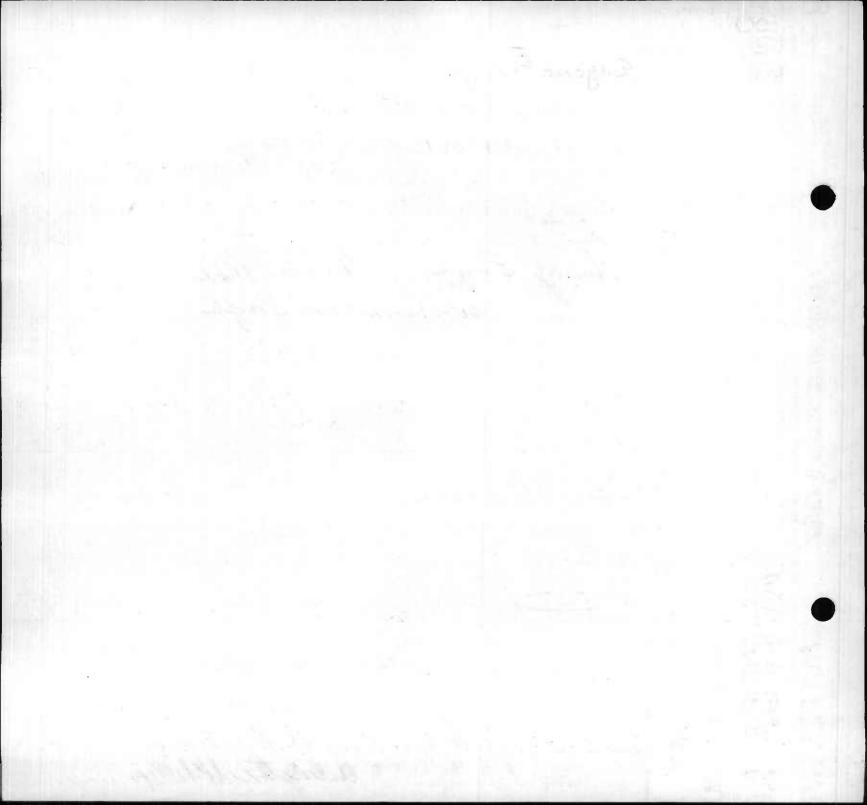
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BALTIMORE	CITY HEALTH	DEPARTMENT

REG. NO. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 29 69 LLG NO 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? NO YES 🔀 SINAI HOSPITAL E. STREET AND NUMBER disposition is made 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. 8. DATE OF BIRTH If Under 24 Hrs. Hours i Min. 7. MARRIED NEVER MARRIED Months! Doys lost birthdoy. Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, eyen if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. Was Deceased Ever in U. S. Armed Forces: 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor of doles of service) SECURITY NO. CAUSE OF 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenio, etc. It means the disease, injury or complication which coused death,) Ε ANTECEDENT CAUSES 0 before the remains are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) MEDIC! obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from 19 602 to that (1) (we) last saw the deceased alive an 4/29 and that in (my) (aur) apinian death accurred an the date pe and haur and fram the causes stated abave. ((1) fwe (did) did nat) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending [Staff Director L written approval 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMIOVAL (Specify) 250 FUNEXAL DIRECTOR ADDRESS 25A. DATE REC"

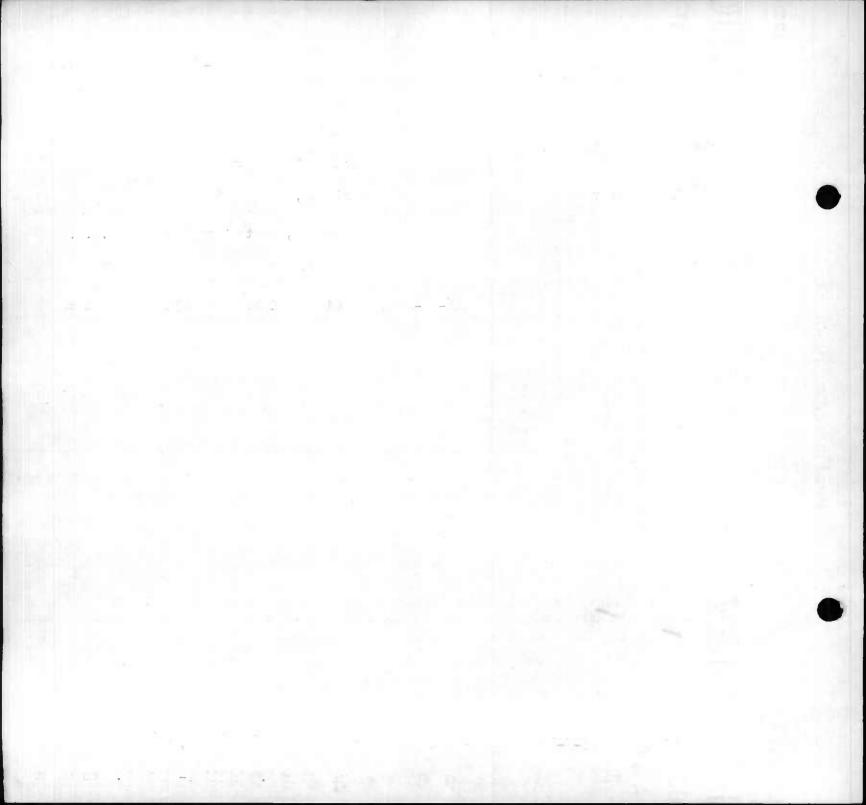


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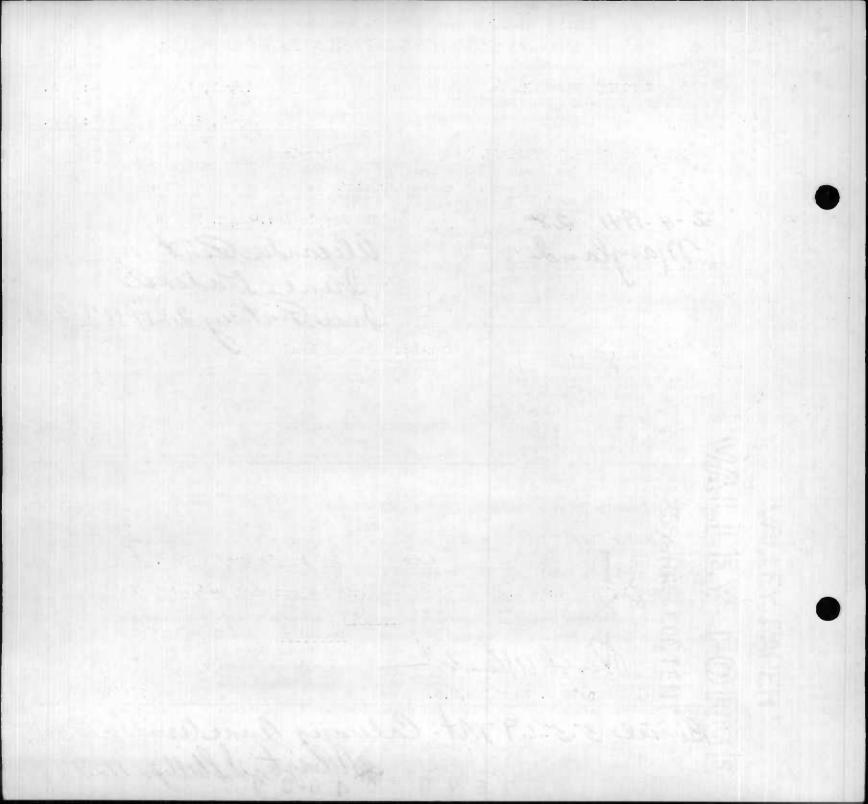
В	ALTIMORE CITY	HEALTH DE	PARTMENT			
BIRTH NO. 69 4622 C	ERTIFICA	TE OF	DEATH	REG. NO	69	4622
NAME OF DECEASED Type of Print Handy Geoffrey) Webb				1 30-1969	1	3;30 p ,
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RI	SIDENCE (Where	deceosed lived. If	institution: reside	nce before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OF ADDRESS OR LOCATION)	GIVE STREET	Mary c. CITY OR T Balti		D. IN	SIDE CITY LIMITS	-02 3?
Provident Hospital		E. STREET A	ND NUMBER Eutaw Pla	ce	TES [44]	NO
5. SEX 6. RACE 7. MARRIED NEV NEV WIDOWED 7.	ER MARRIED DIVORCED	April		AGE (In years st birthdoy)	If Under 1 Y Months Doy	r. If Under 24 Hrs s Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if retired)	SS OR INDUSTRY			h Carolina		OF WHAT COUNTR
Robert Webb		14. MOTHER	s MAIDEN NAM			
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service)	CIAL CURITY NO.	17. INFORMA	NT		AD	DRESS
	3-07-0271	Judit	h Speight	233	13 Eutaw	Place
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(c) Pelms	naus	Emplu	ssemu	- lu	nknown
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20 K. AUT	OPSY? (Yes or No)	20B. IF YES, WERI	FINDINGS COI AUSES OF DEAT	NSIDERED TH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in foctory, street, of	n or obout 21 C fice bldg., INJ	WHERE DID	(If in Boltim	ore City, give exc	act locotion)
	Not While		HOW DID INJU	RY OCCUR?	4/	
22. I certify that (1) this hospital) attended the decentrat (1) two) lost saw the deceased alive an and hour and fram the couses stated above. (1) (We)	4/	1969 iew the bod		t intmy) Cour) of	pirion deoth o	O 19 64 ccurred on the do
23C. PHYSICIAN'S	DEGREE Phys	nding	Director L	toff hys.	5/1/	169
NAME (TYPE), JAH SAUNDENS	MD DEGREE	236	0 64	VrISON	Blue	1
REMOVAL (Specify)	tus Mem Pa		24 D. LO	cation (city, town, or co Maryland	unty) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	Jarle	PA.J.	ERAL DIRECTOR	Phillins-		Monroe St.

S. Phillips - 1727 N. Monroe St



VS 151-REV. 1/1/6B

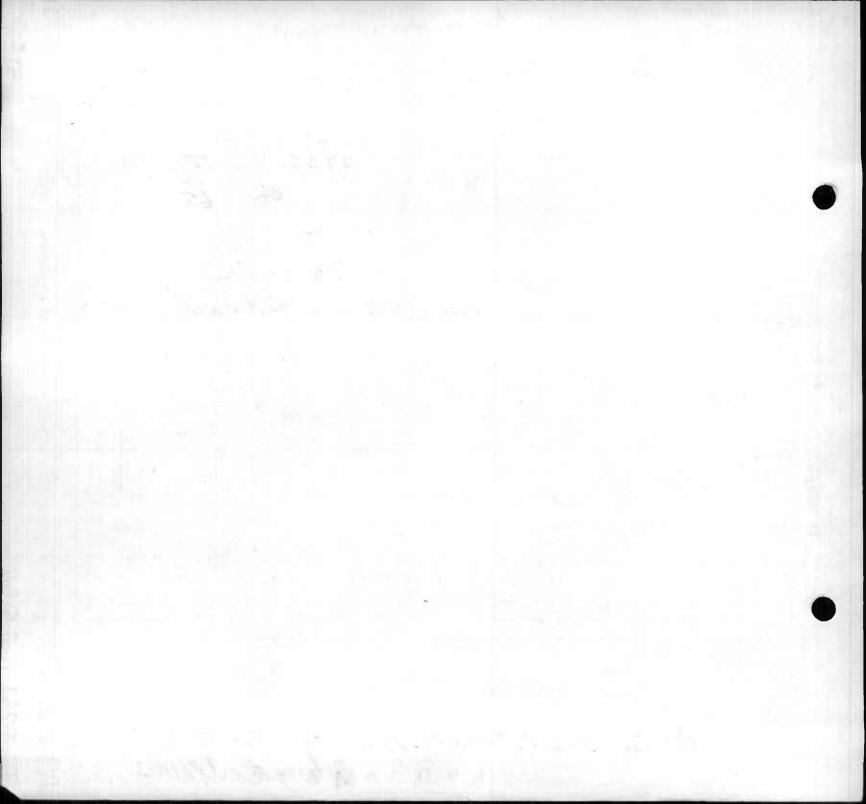
	69 4	623 BALTIMORE CITY HE	ALTH DEPA	RTMENT				
	MEDIC	AL EXAMINER'S	CERTIFI	CATE OF	DEATH	H REG NO	4000	>
BIRTH NO.								
(Type or Print) LUCI		IN	2. DATE OF DEATH	Knawn Estimated	May 2	, 1969		:00 A. M.
4. PLACE IN BALTIMORI	, MARYLAND, WHER	E PRONOUNCED DEAD	3. DATE		Month	Day		our
FULL NAME OF (INCOMPLETED AND AND AND AND AND AND AND AND AND AN	F NOT IN HOSPITAL OF DDRESS OR LOCATION	R INSTITUTION, GIVE STREET			May 2,			:00 A. M.
	GENERAL HOS	SPITAL (DOA)	A. STATE	ESIDENCE (Where Maryland		B. COUNTY	7 -	03
6. SEX 7. RA	CE B. A	AARRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CITY	LIMITS?	
Female 1	-	DOWED DIVORCED	Baltin	nore		YES	□ NO	
9. DATE OF BIRTH 2 -4-19	10. AGE (In year last birthday)			and NUMBER	- Apt.			
11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?	13. FATHER		16	2.6		
14A.USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTR	V 15. MOTHE	R'S MAIDEN NA	WE A	die	1	
V WAS DESERTED FUE		nerco liz cocia:	1 Un	ene	Na	ason	2000	
(Yes, na or unknown) (If yes,	give wor or dotes of se	RCES? rvice) 17. SOCIAL SECURITY NO.	18. INFOR	4. Pin	Knee	1231	7 W	hellier
19.	1	CAUSE OF DEA	TH		1			MATE INTERVAL
	ONDITION DIRECTLY	Gunshot	wound o	of head	0		BEIWEEN	ONSET AND DEATH
	IG TO DEATH the made of dying,	(A)IMMEDIATE	AUSE					
heart failure, asthen	ia, etc. It meons the dise n which coused deoth.)	ose, DUE IO, OR	as a conseg	UENCE OF:				
ANTECED	ENT CAUSES	(B)						
DISEASES OR COL	NDITIONS, IF ANY, GIV E CAUSE (A) STATING	VING DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYING CO	NDITION LAST.	(C)						
0		()			~~~~~~~~~			
O THE DEATH BUT	T CONDITIONS CONTI NOT RELATED TO THE TION GIVEN IN PART	TERMINAL						rans and an extension and ferrors find ferrors and another this find his file.
LU	ATION 208. CONDIT	ION FOR WHICH OPERATION W	AS PERFORA	\ED			21. AUTOPSY	? (Yes or No)
Ū							yes	
22A. EXTERNAL CAUNDERLYING SOR UTING CAUSE OF 22D. TIME (Month)	CONTRIB- F DEATH.	22B.PLACE OF INJURY (e.g., home, farm, factory, street, office Home	19	NJURY OCCUR? OO Argyle	Avenue	e -Apt.	2C	1-03
(APPROX.) May 2		· · · · · · · · · · · · · · · · · · ·	WHILE X	Subject s	hot by	boyfrie	nd	
23. I certify that	t I held an Inqui	iry Inspection Au	topsy X	ond that an th	his bosis, a	death in my a	pinian	
resulted fra	m: Natural causes	Accident Suicio	de H	amicide X	Undetermin	ed manner		
/	() . 0	11/11		CHIEF MEDICAL E	EXAMINER		DA	TE SIGNED
ACTUAL SIGNATURE	word l	//land M.C	ASSI	STANT MEDICAL	EXAMINER 2	8	DA	IE SIGNED
EXAMINER'S NAME (Type)	Ronald N. I	Kornblum, M.D.		CIATE MEDICAL E	EXAMINER		5/2/69	
24A. BURIAL CREMATION REMOVAL (Specify)	N, 24B. DATE	24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tawn,	ar county)	(Stote)
Bureal	5.5-6	Mt. Ca	lua	us a	nne	aren	udel (S. My
25A. DATE REC'D BY HEA	5 1969	ROADE GESTRAR	1 A 1	FUMERAL DIRECT	- 1/	1.06 %	DRESS 179	m/ Me



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Geceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

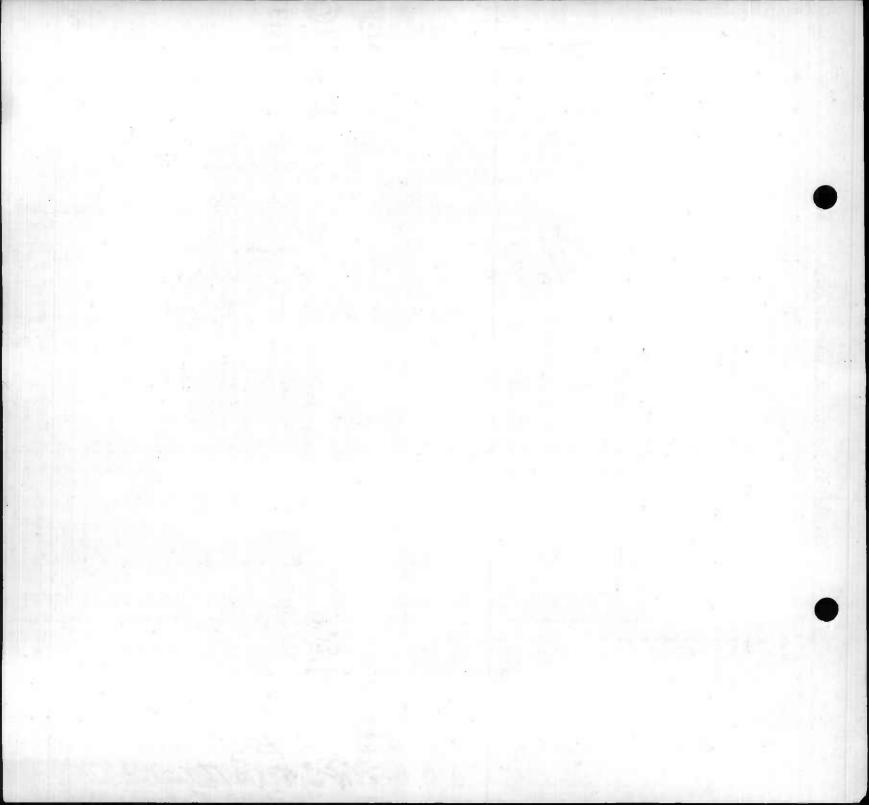
CERTIFICATE OF DEATH REG. NO. 69 4624								
BIRTH NO.								
(Type or Print) In 14 279 H	12 noon 4.27.69 1							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If inst	titulian: residence before admission)				
		A. STATE B. COUN	27	TAITE UN				
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	3932 GRAN	910-	ISALCIO WD				
INSTITUTION		C. CITY OR TOWN		E CITY LIMITS?				
1118INAL HOSPITAL		E. STREET AND NUMBER	nex	YES NO				
THE TRAITO MED		3931 W	No of the	RS. 15-11				
5. SEX 6. RACE 7. AAADD		B. DATE OF BIRTH	9. AGE (In years	If Itadas 1 Vs. If Itadas 24 Her				
MANN	IED NEVER MARRIED	1-18 GH	lost birthdoy	Months Doys Hours Min.				
WIDOV 10A, USUAL OCCUPATION (Give kind of work 10B, KINE		1) BIRTHRI A CE (State or fore	65	12. CITIZEN OF WHAT COUNTRY?				
done during most of working lile, even if retired)) OF BOSH4E33 OK H4DOSIKI		gii coomiy	12. CHIZER OF WHAT COUNTRY				
		MARKYCAND		USA				
13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NA	WE					
Richard Edward	45	Mann	il					
TS, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS				
, , , , , , , , , , , , , , , , , , ,	212 07-856	Ines Gd	mark.	Same.				
18. / 5	CAUSE OF DEATH	H)	warms)	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(A)IMMEDIATE CAU	ICE GENE	PACIZED	CACHEXIA				
(This does not meon the made of dying, heart failure, asthenia, etc. It meons the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	V					
injury ar camplication which coused death.)	030,							
ANTECEDENT CAUSES	(1)	CARCIN	OMA OF	COLON WITH				
DISEASES OR CONDITIONS, if ony, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:						
rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	lhe (C)	WINE	SPREAD	METASTASES				
11	(0)							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).								
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED								
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of	fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact lacation)				
DEATH (notify medical examiner)	etc.)							
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
(APPROX)	While At Not While Work At Work	e 🗍						
Work AT Work								
200								
that (I) (we) last saw the deceased alive			at III(IIIy) (667) april	run death accorred on the date				
and haur and fram the causes stated abav	23 B. DATE SIGNED							
Oran Fit. agyrano DEGREE Phys. Director Phys. A								
23C. PHYSICIAN'S NAME (Type)								
GIAN B.A. CAGGIANO MED Singi Hospital Isolto Med								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)								
Bureag 5-2-691	Mutus me	m Jh &	allems	il The.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
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(6)	Date Freder	Milkingto	Shelle	1921727h Mouse				



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	69 46	BALTIMORE CITY	HEALTH DEPARTMENT		69 4625			
	CERTIFICATE OF DEATH							
	TH NO.	7	2 DATE AL	ND HOUR OF DEATH				
	De of Pint)	1	2.0011		1 745			
	NORMAN U, +	YATTIS	The Usual RESIDENCE ONLY	-27-69	8 P M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE 8. COUN		stitution: residence before admission)			
EII	II NAME OF THE NOT IN HOSPITAL OF IN	TESTE SALE NOTITIES	Md.		15-51.			
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D INSI	DE CITY LIMITS?			
IIN:	HALbor View Co	NVI. CENIEL	17.17.000	00	YES NO			
	HALDON OF CO		E. STREET AND NUMBER	1	1537			
14	(1)			100 1 50	-			
1	<u></u>		3050 ASCE		reel			
5. 9	6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.			
	MIDON	WED DIVORCED	8-17-22	46				
	, USUAL OCCUPATION (Give kind of work 108, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fare	eign country)	12. CITIZEN OF WHAT COUNTRY?			
dan	e during mast of working life, even if retired)	4	11/					
-	anemployed 1		. /10.					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
	Nouvell HAVVI	5 50	11/2 6	reeN				
15.	Wos Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	12214	ADDRESS			
(Ye	s, na ar unknown) (If yes, give wor or dates af serv	ice) SECURITY NO.	0 - 1-	2				
	nr	216-10-21530	TATIENT	Accord				
	18. 21 914019	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY		0 1 1		C. A A			
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE CALLA		Indoen			
	(This does not mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:					
	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)							
	ANTECEDENT CAUSES	0	D . O C. O.	l Queuren				
		(B) 1		x oucu ara				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the							
	UNDERLYING CONDITION last.	(C)	00000	4				
1	11	Juen		con.				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG / A	1000	. / 0				
100	TO THE DEATH BUT NOT RELATED TO THE TERMIN		ary voles culos	is hear	e d			
OA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 208 IF YES WERE	FINDINGS CONSIDERED			
ERTIFI	WAS PERFORMED	OK WHICH OFERATION	10	IN CERTIFYING CAL	USES OF DEATH?			
ER		loss since on the same	700	W				
O	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, farm, factory, street, o	ffice bldg., INJURY OCCUR?	(It in Baltimore	e City, give exoct location)			
CAL	DEATH (notify medical examiner)	etc.)						
Ö	21 D. TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?				
1	(APPROX.)	While At Not Whil						
	(AFFROX)	Wark At Wark	2/		11-			
	22. I certify that (I) (this hospital) attend	ed the deceased from		1904 to 7	17/ 1969			
	that (1) (we) lost sow the deceased alive	an 4/8	1969 and th	nat in (my) (our) opin	nian death occurred on the date			
	and hour and from the couses stated above	/						
	23A. SIGNATURE	e: (1) (#e) (did) (did 1101) (The body offer death.		23B. DATE SIGNED			
	230.31011212	O. Atte	anding Med.	Short I	Alacate.			
	mem s. ox	MU DEGREE Phy		Staff Phys.	174/69			
	23C. PHYSICIAN'S		23D. ADDRESS	C. 1100	-6-1			
	NAME (Type) VOSEPA	J. MLUM	MISIN	. CALVERI	>-,			
244	PUBLIC CREATATION 1249 DATE	C. NAME of CEMETERY OF CR	FAAATORY 1947	OCATION (C)	to town as accombat			
247	REMOVAL (Specify) 248, DATE 24	C. NAME OF CEMETERS OF CR	24D. I	LOCATION (Ci	ty, tawn, ar caunty) (Stote)			
17	Burial AV Muy 1-1969	mx lul	um.	altimare.	Manuland			
254	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS			
		Or ACE The Rock	DV200 to	8 12.11.0	1727 h march 84			
1	350 BEV 1/1/48	The state of	a velling in	×1. Inulys	101111111111111111111111111111111111111			



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	o te	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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	ate as I	ata	rov
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	ody	0.0	ISBC
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	부	shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	de ×

		TY HEALTH DEPARTMENT						
BIRTH NO. 69 4626 CERTIFICATE OF DEATH REG. NO. 69 4626								
1. NAME OF DECEASED (Type or Print) ANNIE C. MODRE 2. DATE AND HOUR OF DEATH 4/28/69								
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lives. Il institution: residence before admission					
I HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	7/330 DEVIS						
INSTITUTION		BALTO.	D. INSIDE CITY LIMITS? YES X NO					
31 MERCY ,	HOSPITAL	STREET AND NUMBER	17-02					
5. SEX 6. RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In lost birthdo	yeors II Under 1 Yr. If Under 24 Hrs. Manths; Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work)	WIDOWED DIVORCED OR INDUSTRI	06/18/07	6/					
done during most of working life, even it retired)		PENN A.	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	POLE		DUTHERS					
15. Was Deceosed Ever In U. S. Armed Force (Yes, no or unknown) (III yes, giva war ar dotes	of service) 16. SOCIAL SECURITY NO.	MERGARANT	mt. ADDRESS No. J.					
18. 4 / 9	CAUSE OF DEA	TH / CANALA	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRE	CTLY	Pine 3	BETWEEN ONSET AND DEATH					
LEADING TO DEATH (This does not mean the mode of a	(A) IMMEDIATE CA		A 48					
heart failure, asthenia, etc. It means the injury ar camplication which caused d	ne disease,	S A CONSEQUENCE OF:						
ANTECEDENT CAUSES	EUIII.	YOCARDIAL IN	IEARCT 49'					
DISEASES OR CONDITIONS, if ar	(8) DUE TO, OR A	S A CONSEQUENCE OF:	777,61					
rise to the above cause (A) s UNDERLYING CONDITION last	laling the	ASCUD	yes.					
11	(C)	**************************************						
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	RIBUTING DA	RCINOMA TOSKI						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1 (A).							
19A-DATE OF OPERATION 198. CONDI-	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in ar about 21C. WHERE DID (II	In Baltimore City, give exoct location)					
21D. TIME (Manth) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	87					
E (APPROX.)	While At Not Wh	ile						
22 Lengtify the (1) (this begalest)	Wark L At Work	4/20 69	4/30 60					
that (1) (we) last saw the deceased	22. I secrify that (1) this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19							
and hour and fram the causes stated		- / \	(our) opinian death occurred an the date					
23A/SIGNATURE	obove (1) (we) (ala) (ala not)	view the body offer deoth.	23B, DATE SIGNED					
MI There No		hending Med. Staff bys. Director Phys.	1/20/10					
23C. PHYSICIAN'S	OEGREE !	23D. ADDRESS	7/28/67					
NAME (Type)			. /					
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	(City, town, or county) (State)					
Burist, 5-2-6	9 Juney 75	400, 71/100	amsfast CA.					
	58. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS					
	(190.60 P. 55.002	- POLOSIDIONA #	allegs 17278, IVO Mass					
VS 150-REV. 1/1/68								

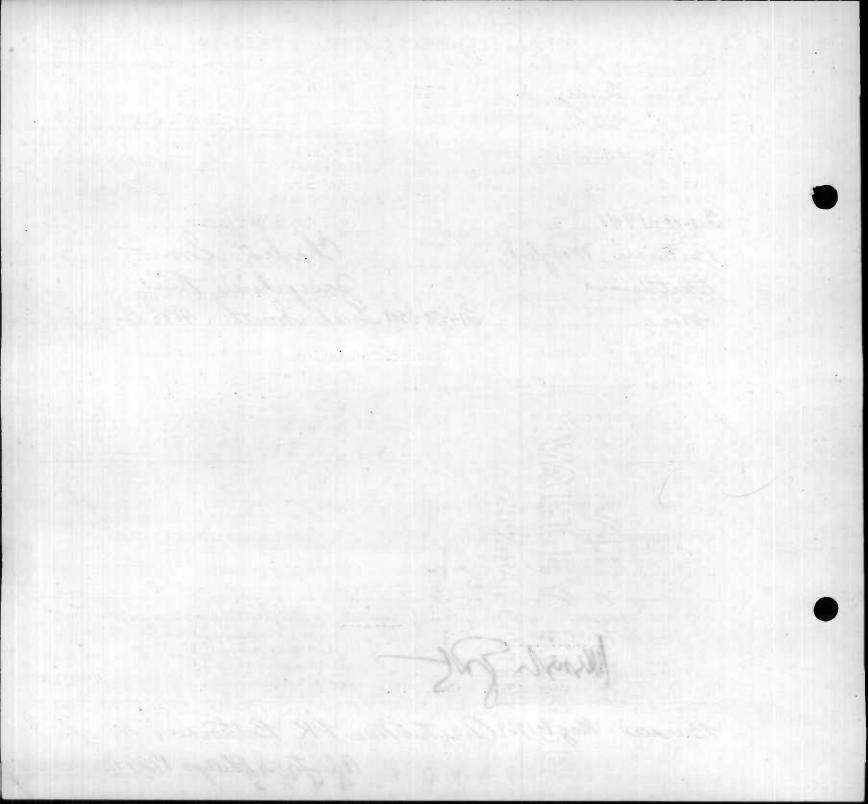


VS 151-REV. 1/1/68

5-530

69 4627 BALTIMORE CITY HEALTH DEPARTMENT

			MED	ICAL	EXA	MINER'S	CERTII	ICAT	E OF	DEATH	REG. NO	03	40.0	
BIF	TH NO.													
	NAME OF DEC be or Print) RONALD	4	0 1 1 1	Δ		SMITH	2. DATE OF DEATH	F	vn □ noted 🔯	Month	Day	Yeor	Hour	A.A.
4	PLACE IN BALT		RYLAND, W	HERE PRO	NOUNC		3. DATE			Month	Doy	Yeor	Hour	141.
FUL	L NAME OF	(IF NO	T IN HOSPITA	L OR INSTIT				OUNCED		April	27,	1969	9:35	
OR	3701	Garris	on Bou	levard	l			ryland		deceosed live B	ed. If institut . COUNTY		before odmiss	ion)
6.	SEX	7. RACE		8. MARRIE	D NE	VER MARRIED	C. CITY	OR TOWN			D. INSIDE	CITY LIMITS?		
	male	negr		WIDOWE	D 🗌	DIVORCED	, ,	ltimor				YES X	NO 🗆	
9.1	DATE OF BIRTH	1011	10. AGE (Ir			Yr. If Under 24 Hrs		T AND NU						
1	ch 10-1	941	1 26	11:	2. CITIZE	N OF		805 GW		ak Aver	nue			
11.	BIRTHPLACE (S	tate or tore	700	1.1		COUNTRY?	IS. PAIN	Charles Charles	, 10	2	for-	ith	7	
144	USUAL OCCU	PATION (Gi	e kind of work	14B. KIND	OF BUSIN	ESS OR INDUST	Y IS. MOT	HER'S MAI	DEN NA	ME	YER	UN		
don	eduring most of w	orking life, e	en ifretired)					2000	nh	1 1 1	Mic	v ·		
	WAS DECEASI	ED EVER IN	U.S. ARMED			OCIAL	18. INF	RMANT	0		/	ADDRESS		
(Ye	s, no or unknown)	(If yes, give	wor or dates	of service)	21	ECURITY NO.	11. 1	ali.	Sm	7/	480	5 Gene	en An	RUM
	19. 30	4.9				CAUSE OF DE	ATH	1070	7100	Carle S.	7 0 0		PPROXIMATE IN	TERVAL ND DEATH
			OITION DIRE	CTLY		Narcot	ic Add	iction	ı					
		LEADING To of mean the	DEATH mode of dy	ina, e.a.,		(A) IMMEDIATE		FOUENCE	OE.					
	heort foilure,	osthenio, et	c. It meons the ich coused de	diseose,		DOL 10, 0K	AS A CON.	EGOLITCE	01.					
		ITECEDENI	CALISES											
	DISEASES	NTECEDENT OR CONDIT	IONS, IF ANY	, GIVING		DUE TO, OI	R AS A CON	SEQUENCE	OF:					
-	UNDERLYIN	IG CONDI	ION LAST.	IING THE		(C)								
Ó			II			(0)								
CERTIFICATION	TO THE DEA	TH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERMIN										
ERT	20A. DATE OF	OPERATIO	N 208. COI	NDITION F	OR WHIC	H OPERATION V	VAS PERFO	RMED				21. AUTO	OPSY? (Yes o	r No)
11	de												les	
MEDICAL	LINIDEDIVINIC		ITRIB-	2 h	2B. PLACE ome, form,	OF INJURY (e.g., foctory, street, off	., in or obou ice bldg., etc	22C. WH	OCCUR?	(If in Boltimore	City, give	exoct locotion)		
Σ			Doy) (Yeo	·) (Hour)	22E.IN.	TURY OCCURRED		22F. HO	W DID IN	JURY OCCU	R?			
	OF INJURY (APPROX.)				m. WHILE A		WORK							
	23.	: 6 ala 1 1	neld on I		1 1 1 1 1 1	ection A	utopsy X	bee [that on t	his basis, a	leath In a	av aninlan		
			Notural cou		Accide					Undetermin				
	result	Tom.	4.0	1		5010				EXAMINER				
	ACTUAL	IPE M	Uns	1/2	M	1 M	D A	SSISTANT	MEDICAL	EXAMINER	X		DATE SIGN	VED
	EXAMIN NAME (1	ER'S	Wer	nerXX	Q. SI	pita, M.D		SOCIATE	MEDICAL	EXAMINER			4/28/6	9
	A. BURIAL CRE	MATION,	248. DATE		ZAC. NA	ME of CEMETER	Y or CREM	ATORY	24D.	LOCATION	(City, to	own, or county	(Sto	re)
RE	MOVAL (Special Control of the Contro	20	May 1	-1969	12	hutus	Men.	PK	1	Bulten	rase	, m	rusla	nd
25	A. DATE REC'D	BY HEALTH	DEPT.	258. NA	ME OF R	EGISTRAR	M 925	C. FUNER	AL DIRECT	OR	1	ADDRESS	13	. 0

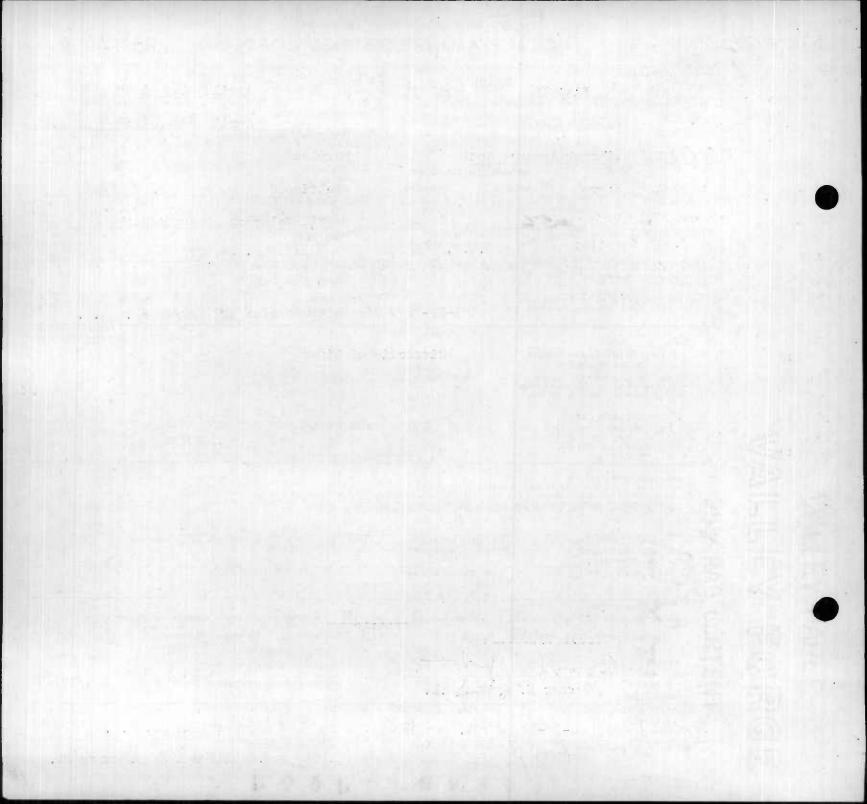


P-636

4628

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4638
BIRTH NO.	REG. NO.
1. NAME OF DECEASED Taylor	2. DATE Known Month Day Year Hour
KAY FRANCIS PRIMER	DEATH Estimoted X April 14, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD April 22, 1969
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission)
0 0010 TT-111- A A1	A. STATE B. COUNTY 15
3212 Walbrook Avenue, Apt1	Maryland D. INSIDE CITY LIMITS?
MARKIED LIVE VER MARKIED L	
female negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs last birthday Manths Days Haurs Min	E. STREET AND NUMBER
June 23,1912 20 56	3212 Walbrook Avenue, Aptl
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
North apolina WHAT GOUNTRY?	William H. Taylor
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI	
dane during most of working like even if retired)	Ann Kutchum
THE PART OF THE PA	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dates of service)	all the state of t
1)1-22-(21)	The body brazier you haddan it.
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OF CONDITION DIRECTLY Cirrhos	sis of Liver
LEADING TO DEATH	
(This does not mean the made of dying, e.g., (A):MMEDIATE DUE TO, OR	AS A CONSEQUENCE OF:
heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
6	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
O STATE OF OFERALION 200. CONDITION FOR WINCING EXAMINING	THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER
. 00	Yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g. bome, form, foctory, street, off	., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Day) (Year) (Hour) 22E. NJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	OT WHILE WORK
23.	WORK -
I certify that I held on Inquiry Inspection A	utopsy A and that on this bosis, deoth in my opinion
resulted from: Natural couses Accident Suic	
resulted from: Natural couses A Accident 5010	
ACTUAL TOP 1 SOUND	CHIEF MEDICAL EXAMINER DATE SIGNED
	.D. ASSISTANT MEDICAL EXAMINER X
1	ASSOCIATE MEDICAL EXAMINER 4/22/69
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y ar CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Removal 4-29-69 St. Beaulah	Townsville Co, N.C.
	25C. FUNERAL DIRECTOR ADDRESS
25A. DATE REC'D BY HEALTH DERT. 25B NAME OF REGISTRAR	Arlington S. Phillips 1727 N. Monroe St.
a man A Control	Garage annual participation of



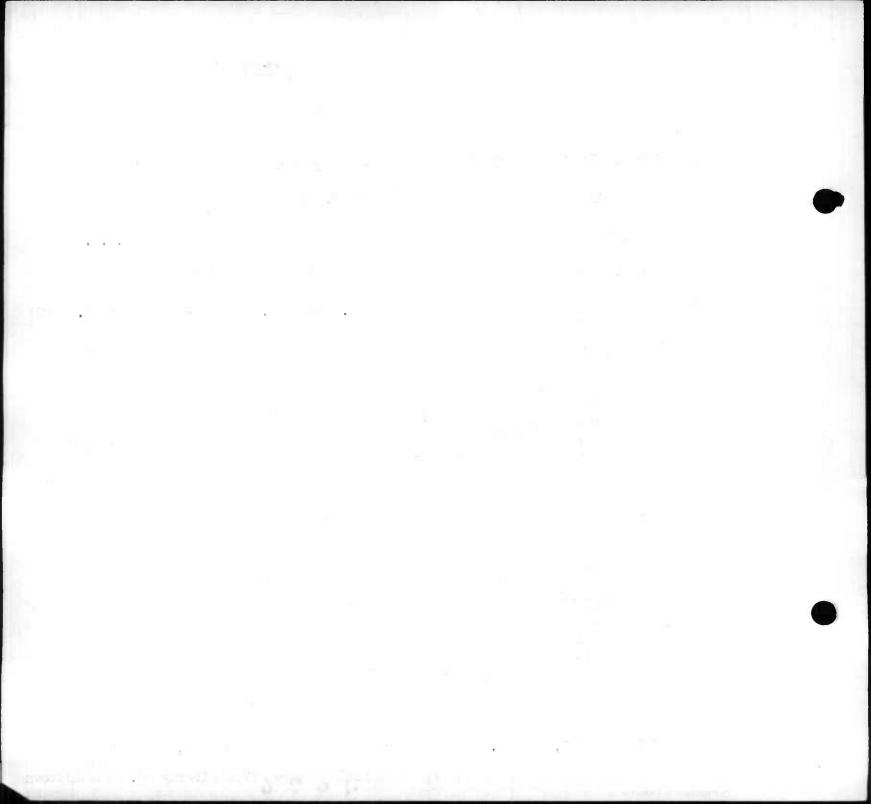
		II2. DATE	Knawn	П	Month	Dov	Year	Hour
MEDICAL	EXAMINER'S	CERTIFIC	CATE	OF	DEATH	REG. NO.	69	4629
4000								

RIKIH NO											
1. NAME (Type or Pr	OF DECEASED				2. DATE	Known 🗌	Month	Doy	Year	Hour	
(19 pe of FT		A. STE	WART		OF DEATH	Estimated 🔲	Apri:	1 25, 19	969	2:58	Р. м.
4. PLACE	IN BALTIMORE, MARY	LAND, WHER	E PRONOUP	NCED DEAD	3. DATE		Manth	Day	Yeor	Hour	
FULL NAME		N HOSPITAL OR		, GIVE STREET	PRONOU	NCED DEAD	Annil	25 104	60	2.50	D
OR INSTITU	ADDRESS TION	OR LOCATION)		5 USUAL DE	SIDENICE /Whose	April	25, 196		2:58	P. M.
		Ctwaat			S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Menzy 1 and B. COUNTY					1331011)	
00,	445 N. Carey	Street			1	Maryland				5-0	
6. SEX	7. RACE	8. _N	AARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male	Negro		DOWED	DIVORCED	∥ Baltin	nore		, v	ES 🗆	NO []	
9. DATE O	E RIPTH 11:	O ACE /In una	KII	1 Yr. If Under 24 Hrs.	F STREET A	ND NUMBER		1	:2 🗀	NO L	
10	1091	ast birthday 42	Months	Days Hours Min.			Ctroot	-			
10-17-1120				N. Carey	priee						
11. BIRTHP	LACE (State or foreign	country)	1	ZEN OF	13. FATHER'S	NAME					
1	Marulan	d-	WH	AT COUNTRY?	4	nkno	won				
14A.USUAL	OCCUPATION (Give ki	ind al work 14B.	KIND OF BUS	SINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	ME				
done during	most of working life, even	ifrelired)			9	1 Lus	1111				
	COLLEGED SWED IN III		norce III		4	MI TOUR		<u> </u>	DDDECC 1	2	
Yes, na aru	ECEASED EVER IN U. inknown)((If yes, give war	S. ARMED FO	rvice)	SOCIAL SECURITY NO.	18. INFORM	ANI	0	Al	DDRESS		
			1		Keni	ulta	Den	w	Sa	nel	_
19.	11650			CAUSE OF DEA	TH	0	1			APPROXIMATE	
0	7 91 1								BET	WEEN ONSET	AND DEATH
	DISEASE OR CONDITI			Epileps	У						
· ·	LEADING TO D			(A)IMMEDIATE							
	daes not meon the m t failure, asthenia, etc. It			DUE TO, OR	AS A CONSEQU	JENCE OF:					
	y ar complication which										
				Fatter	Mataman	anhaafa a	C +1- '	1 4			
Dies	ANTECEDENT CA				AS A CONSEC	phosis of	r the	river			
RISE	TO THE ABOVE CAUS	E (A) STATING	THE	DOE 10, OK	AS A CONSEG	GENCE OF:					
I IINf	DERLYING CONDITIO	N LAST.		(c)							
<u> </u>											
OERTIFICATION TO 1	II ER SIGNIFICANT COND		RIBUTING								
O TO I	THE DEATH BUT NOT RE	ELATED TO THE	TERMINAL								
20 4 0	ASE OR CONDITION G		. ,	HCH ODER ATION W	AC DEDECORAL	ED.			21 AUT	OPSY? (Yes	or No
9 200	ALE OF OFERALIOIT	200. CONDII	IOI4 FOR WI	IICH OPEKAHON W	AS FERFORM				21. AUI	OFST? (.c.	01 110)
106										yes	
₹ 22A.	EXTERNAL CAUSE W			CE OF INJURY (e.g.			(If in 8altimor	e City, give exc	oct location)	
	RLYING OR CONTR		hame, to	rm, factory, street, affi	te bldg., etc.)	JURY OCCUR?					
∑ 22D.	TIME (Manth) (Day		(Haur) 22E.	INJURY OCCURRED	2:	F. HOW DID IN	ILIRY OCCI	IR?			
OF IN	URY	,, (,	` '		WHILE						
(APPRO	OX.)		m. WOF		VORK						
23.											
	I certify that I hel	d on Inqui	ry L	spection Au	topsy X	and that on t	his bosis,	deoth in my	apinion		
	resulted from: Nat	turol causes	X Acci	dent Suici	de Ha	micIde	Undetermin	ned monner			
		1.0	1 7	11		HIEF MEDICAL I					
ACTUAL Slaves Ulandh						E E		DATE SIG	SNED		
	IGNATURE U	of of	June	M.I	D. ASSIS	TANT MEDICAL	EXAMINER	K)			
	XAMINER'S ROT	nald N.	Kornhli	ım M D	ASSO	CIATE MEDICAL E	EXAMINER		4/5	26/69	
	IAME (Type)							-190	7/2	-0/07	
24A. BURIA		B. DATE	24C. I	JAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	n, ar count	(y)	tatet
REMOVAL	(Specify)	1-30-	69 /	anti-	- a Not	10,0 9	8000	1 41 1 11	2	M	X
the	ual 17		16	wuma	reflui	and of	nen	more	200500	116	
25A. DATE	REC'D BY HEALTH DE	969 25	B. NAME OI	REGISTRAR	2597 F	UNERAL DIRECT	OR /	10 00 1	ADDRESS	10701	
		1	10 A	C Falls	110	hed of	1211	holden	172:	111/16	kelled
<u> </u>			1831/46	9-9-3	- Cul	and the same	YA	uly s	112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
VS 151-REV	. 1/1/68	* 4	m no 61	100	1	A 1/1 54	4	/			1/

10-14-1126 Lower Hard 4-30-69 Juntonia a Hittelial State Timber

		0	0	0
00	$-\Delta$	-	16	1
59	C./	U	1	0

BIRTH NO.	69 46	30 CERTIFICA	TE OF DEATH	REG. NO	69 4630		
I.NAME OF DECEASED	EN MEYERS		2. DATE A	ND HOUR OF DEATH	69 1230 A.		
3. PLACE IN BALTIMORE, M FULL NAME OF (IF NO HOSPITAL OR ADDR	T IN HOSPITAL OR INSTITU		A. STATE B. COUR Maryland	Baltimore	stitution: residence before admission)		
INSTITUTION	ESS OR LOCATION)		C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO				
	Hopkins Hosp	ital	604 Clyburr	n Road 2	1208		
Male Whi	te widowed	NEVER MARRIED DIVORCED	3/27/58	9. AGE (In years lost birthdoy) 11	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.		
10A, USUAL OCCUPATION (Gi done during most of working life, a None	ve kind of work 108, KIND OF	BUSINESS OR INDUSTRY	Maryland	eign country)	U.S.A.		
Norman F.	Myers		M. Lucil				
15. Wos Deceased Ever in U. (Yes, no or unknown) (If yes, giv	S. Armed Forces? e wor or dotes of service)	1 6. SOCIAL SECURITY NO. NO	Mr. Norman F.	Meyers 604	ADDRESS Cylburn Rd. 21208		
injury or complication w ANTECEDE DISEASES OR CONDI rise to the above UNDERLYING CONDITI	NT CAUSES TIONS, il any, giving cause (A) stating the	(c) Josa C	A CONSEQUENCE OF:	rcoby or Faci	5 BAXI 07 9 BAXI		
TO THE DEATH BUT NOT DISEASE OR CONDITION OF DISEASE OF OPERATION OF THE PROPERTY OF THE PROPE	RELATED TO THE TERMINAL SIVEN IN PART 1 (A). 1 198. CONDITION FOR W WAS PERFORMED JULIAN OF Y LORLYING USE OF LOSE LOSE LOSE LOSE LOSE LOSE LOSE LOSE	HICH OPERATION F FACCOT PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No	208. IF YES, WERE P	FINDINGS CONSIDERED JSES OF DEATH? YES		
DEATH (notify medicol extended of injury (APPROXI	Day) (Year) (Hour) 21E	INJURY OCCURRED e At	N, A, 21F. HOW DID INJ				
that (1) (we) last saw t	nls hospitet) attended the he deceased alive an	5/1		19 <u>69</u> ta <u>5</u> nat in(my) (aur) apin	19 69.		
23C. PHYSICHAN'S NAME (Type)	J. Kay	1	OHNS HO	SNOFF Phys. D	23B. DATE SIGNED 5/1/69 54p ital		
Burial	48. DATE 24C.NA May 3, 69 Mt.	ME of CEMETERY of CRE Olive Cemete	matory 24D. L ry Rai	ocation (City ndallstown,	y, town, or county) (Stote) Maryland		
25A. DATE REC'D BY HEALTH	() ()	FREGISTRAR	Loring Byers		y Rd. Randallstown		



69 4631 BALTIMORE CITY HEALTH DEPARTMENT

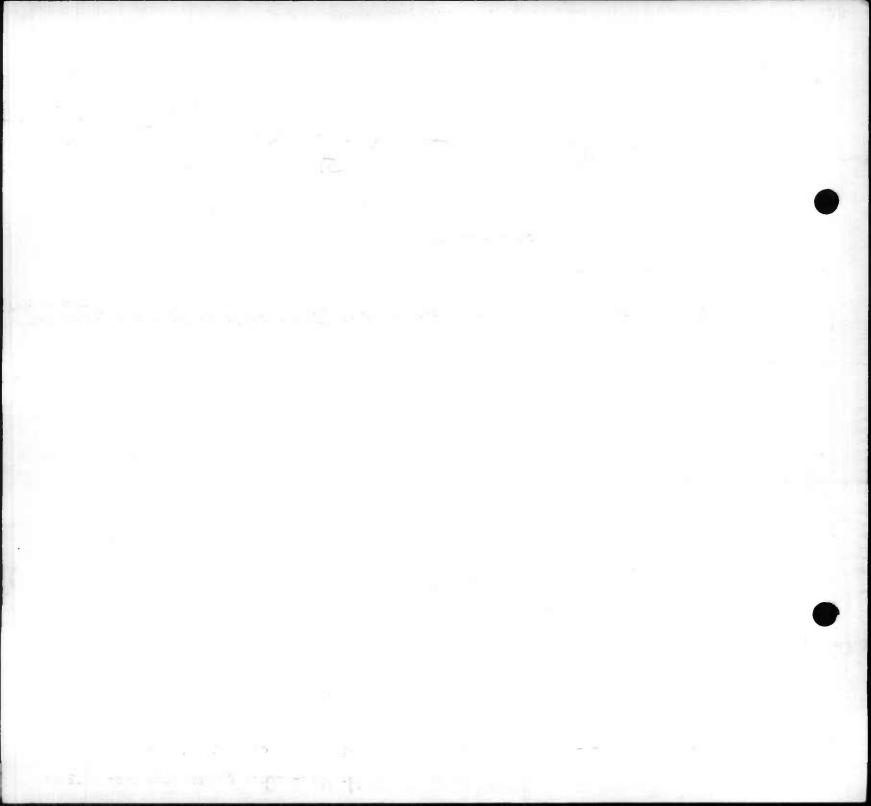
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6	9	4	6	3	1

BIR	TH NO.											
1. 1	VAME OF DEC	EASED				2. DATE	Knows X	Month	Day	Yeor	Hour	
(Тур	e or Print)	JOHN	E.	F	BECK	OF	Estimoted	May 1	. 1969		6:30	Α
4.	PLACE IN BALT				NOUNCED DEAD	3. DATE		Month	Day	Year	Hour	M.
FUL HOS	L NAME OF	(IF NO		L OR INSTITU	ITION, GIVE STREET	PRONOUN	CED DEAD	May 1			6:30	A
OR	St. Ag	nes Hos	spital			5. USUAL RESIL			B. COUNTY		1-	on)
4			•	In			aryland			altimo	re	2-6
6. 5		7. RACE		B. MARRIED	NEVER MARRIED	C. CITY OR TO	ikesvil	le l	D. INSIDE CIT			
	Male	White	9	WIDOWED	DIVORCED [13年7年7年	00天子		YES	s 🔼 N	10 🗌	
	b. 13,		10. AGE (Ir	Y) CO MC	Under 1 Yr. If Under 24 Hrs. onths: Days Hours Min.	E. STREET AND						
	BIRTHPLACE (S		96		CITIZEN OF	4/19 13. FATHER'S 1	Old Cou	rt Koac	1			
14.				12.	CITIZEN OF WHAT COUNTRY?							
	Chester				WHAT COUNTRY?		min F. I					
	.USUAL OCCUI				F BUSINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAM	ΛE				
Tai	intanence	e Man.		Baltin	ore County,	Charlo	tte M. I	Emory				
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	IB. INFORMAL			AD	DRESS		
(162	NO	(ir yes, give v	vor or dotes	or service)	217-03-8384	Mrs. Do	rothy L	Beck	7503 Wi	ndsor	Mill R	d.
	19 D	19.1	7		CAUSE OF DEA					APP	ROXIMATE INTI	ERVAL
		1001	J		Multip!	e injuri	es compl	icated	by	BELAAS	EN UNSEI ANI	DEAIN
		E OR COND LEADING TO		CILY		AUSE pneum				mens		
				ina ea	(A)IMMEDIATE C	AUSE	NCE OF					
	(This does no				DUFIC OR.							
	heart failure,	asthenia, etc.	. It means the	disease,	DUE TO, OR .	S A CONSEQUE	NCE OF:	1				
	heart failure,		. It means the	disease,	DUE IO, OK	72 Y CONZEGUE	NCE OF:	1				
	heart failure, injury or cam	asthenia, etc aplication which NTECEDENT	. It means the th coused dec	disease, ath.)	(B)							
	heart failure, injury or cam AN DISEASES C RISE TO THE	asthenia, etc oplication which NTECEDENT OR CONDITION E ABOVE CAI	. It means the th coused dec CAUSES ONS, IF ANY USE (A) STAT	disease, ath.)	(B)	AS A CONSEQUE			***************************************			
Z	heart failure, injury or cam AN DISEASES C RISE TO THE	asthenia, etc oplication which NTECEDENT OR CONDITION	. It means the th coused dec CAUSES ONS, IF ANY USE (A) STAT	disease, ath.)	(B)							
TION	heart failure, injury or cam AN DISEASES C RISE TO THE	asthenia, etc oplication which NTECEDENT OR CONDITION E ABOVE CAI	. It means the th coused dec CAUSES ONS, IF ANY USE (A) STAT	disease, ath.)	(B)							
CATION	heart failure, injury or cam AN DISEASES C RISE TO THE UNDERLYIN OTHER SIGN	nasthenia, etc pplicotian white NTECEDENT DR CONDITION E ABOVE CAI NG CONDITION	CAUSES ONS, IF ANY USE (A) STATO ON LAST.	disease, ath.) , GIVING TING THE	(B) DUE TO, OR (C)							
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	heart failure, injury or cam AN DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20 A. DATE OF 22 A. EXTER!	, asthenia, etc. pplicotion whice NTECEDENT DR CONDITION AGE CONDITION IFFICANT CONTITION THE BUT NOT CONDITION OPERATION NAL CAUSE	. It means the the coused decided courses only if any use (a) state on last. It would not be seen that the course of the course	, GIVING THE ONTRIBUTIN THE TERMINART 1 (A).	(B) DUE TO, OR (C) GAL R WHICH OPERATION WA	AS A CONSEQUE	WHERE DID (if In Boltimore	e City, give exoc	Yes		No)
	heart failure, injury or cam AN DISEASES C RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 20 A. DATE OF	, asthenia, etc. policotion which NTECEDENT OR CONDITION ABOVE CAI NOTE CONDITION THE BUT NOT CONDITION OPERATION NAL CAUSE OR CON	. It means the the coused decided courses one, if any use (A) STATON LAST. II NOTITIONS CO. GIVEN IN PA. V 208. CON. WAS.	, GIVING THE ONTRIBUTIN THE TERMINART 1 (A).	(B) DUE TO, OR (C) GAL R WHICH OPERATION WA	AS A CONSEQUE	WHERE DID (JRY OCCUR?			Yes	3-0	0
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EDICAL	AN DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UTING CAI	OSTRETE OF BEAUTION AL CAUSE OF DEA (Manth) (D	Lit means the chicoused decidence courses ONS, IF ANY USE (A) STATON LAST. II NOTIONS CONTROL	disease, ath.) 7, GIVING THE DITRIBUTIN THE TERMINART 1 (A). NOTION FO	(B)	AS A CONSEQUE AS PERFORMED in or obout 22C. bldg, etc.) INJU Be 22F. WHILE FREE	WHERE DID (JRY OCCUR? 1tway 31 HOW DID IN	2' N.	of Liber	Yes rty Rd r of c	. Brid	ge ng
MEDICAL	ANDISEASES CRISE TO THE UNDERLYING OTHER SIGN TO THE DEADISEASE OR 20 A. DATE OF 22A. EXTERIUNDERLYING UTING CAI 27D. TIME 27D. TIME OF INJURY	OSTRECEDENT OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OPERATION OPERATION OPERATION USE OF DEA	Lit means the chicoused decidence courses ONS, IF ANY USE (A) STATON LAST. II NOTIONS CONTROL	disease, ath.) 7, GIVING THE DITRIBUTIN THE TERMINART 1 (A). NOTION FO	(B)	AS A CONSEQUE AS PERFORMED in or about 22C. b bldg, etc.) INJU Be 22F. WHILE	WHERE DID (JRY OCCUR? 1tway 31	2' N. JURY OCCU	of Liber R? Driver involve	Yes rty Rd r of c	. Brid	ge ng
MEDICAL	AND DISEASES CORISE TO THE UNDERLYING DISEASE OR 20 A. DATE OF UNDERLYING UTING CAI CAPPROX.) 22A. EXTERIUNGELYING UTING CAI CAPPROX.) 23.	OSTRETE OF BEAUTION AL CAUSE OF DEA (Manth) (D	CAUSES ONS, IF ANY USE (A) STAI ON LAST. II NOTITIONS CO GIVEN IN PA N 20B. CON WAS TRIB- TH. ON) (Year	disease, ath.) 7, GIVING THE DITRIBUTIN THE TERMINART 1 (A). NOTION FO	(B) DUE TO, OR (C)	AS A CONSEQUE AS PERFORMED in or about 22C. bldg, etc.) INIL Be 22F. WHILE WT	WHERE DID (IRY OCCUR? 1 tway 31 HOW DID IN! ong dire	2' N. OURY OCCU ection, collis	of Liber R? Driver involve ion.	Yes rty Rd r of c ed in	. Brid	ge ng
MEDICAL	ANDISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF UNDERLYING UNDERLYING UNDERLYING CAIL 22D. TIME OF INJURY (APPROX.) 23.	OSTRETE OF DEAD TO THE CAUSE OF	CAUSES ONS, IF ANY USE (A) STATON ON LAST. INDITIONS CO RELATED TO GIVEN IN PA V 20B. CON WAS TRIB- ITH. TOO) (Year 69 7: eld an III	ONTRIBUTIN THE TERMINART 1 (A). NOTION FO 228 hot (Hour) 38 A • m.	(B) DUE TO, OR (C)	AS A CONSEQUE AS PERFORMED in or obout 22C. bldg, etc.) INJU Be 22F. WHILE WT ORK	WHERE DID (JRY OCCUR? 1tway 31 HOW DID IN: ong dire to-auto and that an th	2' N. DURY OCCU ection, collis	of Liber Priver involve ion.	Yes rty Rd r of c ed in	. Brid	ge ng
MEDICAL	ANDISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF UNDERLYING UNDERLYING UNDERLYING CAIL 22D. TIME OF INJURY (APPROX.) 23.	AL CAUSE CONDITION OF CONDITION	CAUSES ONS, IF ANY USE (A) STATON ON LAST. INDITIONS CO RELATED TO GIVEN IN PA V 20B. CON WAS TRIB- ITH. TOO) (Year 69 7: eld an III	ONTRIBUTIN THE TERMINART 1 (A). NOTION FO 228 hot (Hour) 38 A • m.	(B) DUE TO, OR (C)	AS A CONSEQUE AS PERFORMED in or about 22C. bldg, etc.) INJU Be 22F. WHILE WT au topsy W Homi	WHERE DID (IT WAY 31 HOW DID IN: ong dire to-auto and that an the	2' N. DURY OCCU ection, collis his basis, Underermin	of Liber R? Driver involve ion. death in my o	Yes rty Rd r of c ed in	. Brid	ge ng
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MEDICAL	heart failure, injury or cam AN DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF 22A. EXTER! UNDERLYING UTING CAI 22D. TIME 22D. TIME OF INJURY (APPROX.) 23. I certification of the property of the pr	AL CAUSE POR CONDITION OPERATION A 26- ify that I here of fram: N JRE RER'S Ch MATION, 12 Application which which are a condition A 26- Condition Condition	CAUSES ONS, IF ANY USE (A) STATON ON LAST. II NOTE: THE COMMENT OF THE COMMENT O	ONTRIBUTIN THE TERMINART I (A). NOTICE SEES (A) (Hour) 38 A · m. Inquiry (A) (S. Spr	(B) DUE TO, OR (C)	AS A CONSEQUE AS PERFORMED in or about 22C. b bldg, etc.) INJU Be 22F. WHILE Wr au topsy W ASSISTA ASSOCIA	WHERE DID (JRY OCCUR? 1 tway 31 HOW DID IN: ong dire to-auto and that an the cide	2 N. JURY OCCU CCTION, COILIS his basis, Undetermin XAMINER XAMINER	of Liber R? Driver involve ion. death in my o	Yes rty Rd r of c ed in	. Brid ar goi head-o	ge ng n
WEDICAL B	ANDISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF 22A. EXTERI UNDERLYING CAPPROX.) 23. I certifus a Company (APPROX.) ACTUAL SIGNATU EXAMINIE NAME (TABURIAL CREMOVAL (Specification)	AL CAUSE CONDITION IFICANT CON	CAUSES ONS, IF ANY USE (A) STATON ON LAST. II ON LAST.	ONTRIBUTING THE CONTRIBUTION THE TERMINART 1 (A). NOTITION FO 2226 hot 1 (Hour) 38 A.m. nquiry S. Spr	(B) DUE TO, OR (C)	AS A CONSEQUE AS PERFORMED in or about 22C. bldg, etc.) INJU Be 22F. WHILE Wr topsy Wr ASSISTA ASSOCIA	WHERE DID (JRY OCCUR? Itway 31 HOW DID IN: ong dire to-auto and that an the cide	2 N. JURY OCCU ection, collis his basis, Undetermin XAMINER XAMINER XAMINER LOCATION	of Liber R? Driver involve ion. death in my of ed manner [] X (City, town,	Yes rty Rd r of c ed in ppinion 5-1- ar county)	. Brid ar goi head-o	ge_ng_n
WEDICAL B	heart failure, injury or cam AN DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF 22A. EXTERI UNDERLYING UTING CAPPROX.) 23. I certification of the company of the cappaign	AL CAUSE CONDITION IFICANT CON	CAUSES ONS, IF ANY USE (A) STATON ON LAST. IN DITIONS CO RELATED TO GIVEN IN PA VAS TRIB- THI- THI- THI- THI- THI- THI- THI- THI	ONTRIBUTING THE CONTRIBUTION THE TERMINART 1 (A). NOTITION FO 2226 hot 1 (Hour) 38 A.m. nquiry S. Spr	(B) DUE TO, OR (C) CR WHICH OPERATION WAS PLACE OF INJURY (e.g., me, form, foctory, street, office highway 222E.INJURY OCCURRED WHILE AT NOT AT W Suicident Suicident Suicident Suicident M.D. Inspection Au Accident Suicident M.D. 24C. NAME of CEMETERY	AS A CONSEQUE AS PERFORMED in or about 22C. bldg, etc.) INJU Be 22F. WHILE Wr topsy Wr ASSISTA ASSOCIA	WHERE DID (JRY OCCUR? 1 tway 31 HOW DID IN: ong dire to-auto and that an the cide	2 N. JURY OCCU ection, collis his basis, Undetermin XAMINER XAMINER XAMINER LOCATION	of Liber R? Driver involve ion. death in my of ed manner [] X (City, town,	Yes rty Rd r of c ed in ppinion 5-1- ar county)	. Brid ar goi head-o	ge ng n
WEDICAL B	ANDISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF 22A. EXTERI UNDERLYING CAPPROX.) 23. I certifus a Company (APPROX.) ACTUAL SIGNATUEXAMINIE NAME (TABLE AMINIE NAME (TABLE AMINIE NAME (TABLE AMINIE AMINIE AMINIE AMINIE IN TABLE AMINIE AMINIE AMINIE IN TABLE AMINIE AMIN	AL CAUSE CONDITION IFICANT CON	CAUSES ONS, IF ANY USE (A) STATON ON LAST. II ON LAST.	ONTRIBUTING THE CONTRIBUTION THE TERMINART 1 (A). NOTITION FO 2226 hot 1 (Hour) 38 A.m. nquiry S. Spr	(B) DUE TO, OR (C)	AS A CONSEQUE AS PERFORMED in or about 22C. bldg, etc.) INJU Be 22F. WHILE WT ORK AU topsy WT AU Topsy TOP AU ASSISTA ASSOCIA or CREMATORY	WHERE DID (JRY OCCUR? Itway 31 HOW DID IN: ong dire to-auto and that an the cide	2' N. JURY OCCU ection, collis his basis, Undetermin XAMINER XAMINER XAMINER LOCATION DR	of Liber R? Driver involve ion. death in my o led manner X (City, town,	Yes rty Rd r of c ed in 5-1- ar county)	Brid ar goi head-o	ge ng n

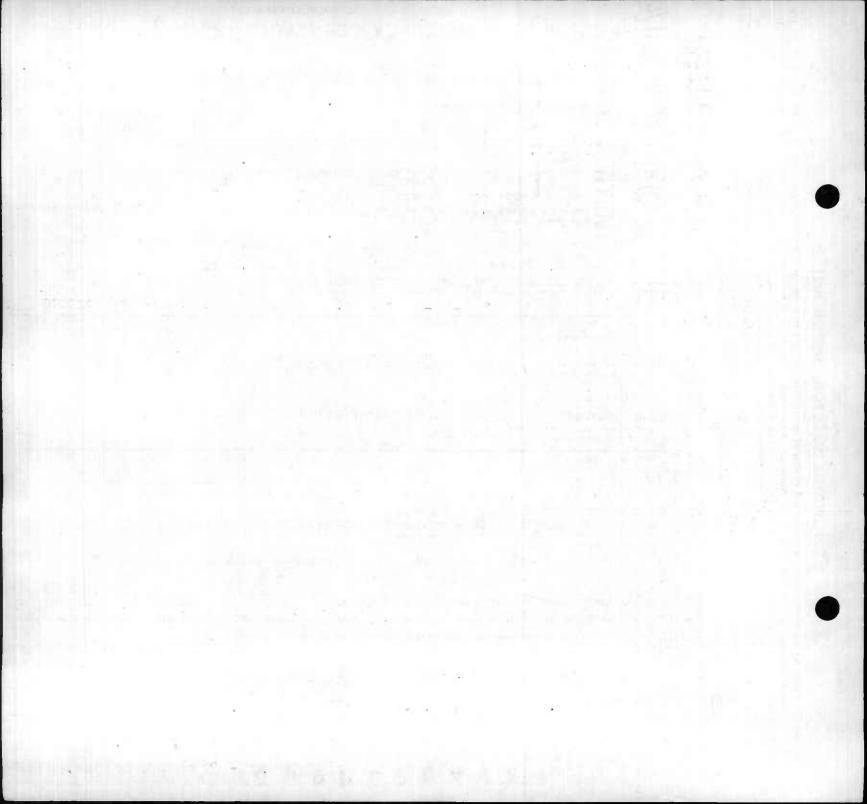
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	CITY HEALTH DEPARTMENT
BIRTH NO. 69 4632 CERTIFIC	CATE OF DEATH REG. NO. 69 4632
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) John W. Powder	5.2.69 17 acp.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE 8. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE 8. COUNTY Ballo 2093 C. CITY OR TOWN D. INSIDE CITY LIMITS?
Us Maryland Grenera	Lutherville YES NOR
Hospital	E. STREET AND NUMBER 318 TOWSON AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or loreign country) [12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) Refive Beit-Seed Co.	MD
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lesse L. Powder	Clara Hunter
15. Wes Deceesed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor at dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes WW1 213-10-632	8 Mrs. Deva Bossi Powder 518 Towson Ave
18. 4/ O 9 1 CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE Acute Myocardial infarction-Iday
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injuty at complication which caused death.)	
ANTECEDENT CAUSES	temoscleretic cardiovascular disease
DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the above cause (A) stating the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C).	,
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY (A)	20A- AUTOPSY? (Yes or No.) 20R. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
THE THE PARTY OF T	gin or obout 21C. WHERE DID affice bldg. INJURY OCCUR?
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
IAPPROX.) While At Work At Wo	
22. I certify that (1) (this haspital) attended the deceased from	
that (1) (we) last sow the deceased alive on	19 5 and that in(my) (aur) apinian death occurred an the date
and haur and from the causes stated above. (1) (We) (did) (did nat)	The data
23A. SIGNATURE	
	Hending Med. Staff V
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
MOHAMMAD SIDIB MIB.B.S.	Mayland General Hospita.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
Burial 5-6-1969 Dulaney Valley	Memorial Cockeysville, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
min 5 1969 Res Establish	Wn. Gook Brooks Towson 1050 York Rd.2104
S 150-REV. 1/1/68	

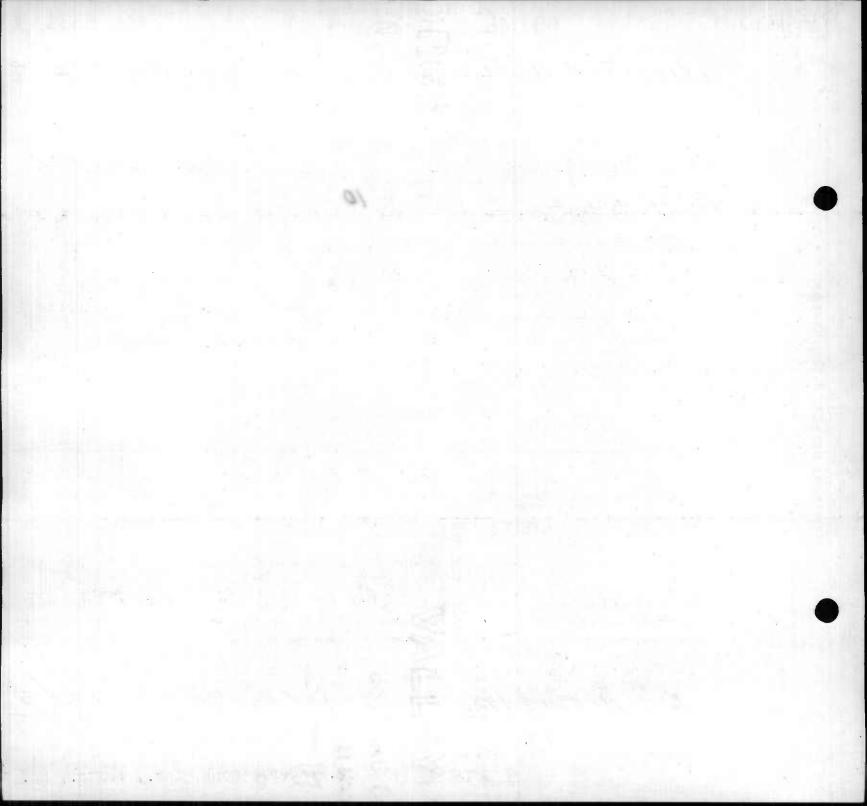


endered to me I'm		Y HEALTH DEPARTMENT REG. NO. 69 4633
DED OF	BIRTH NO. 69 4633 CERTIFICA	ATE OF DEATH REG. NO. 03 4000
and eatl ase th	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
73 A) C	(Type or Print) Eva Josephine Johnson	May 2, 1969 4:30 A.M.
hospital ise of c (5) Dece ance or death.	3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
hospi luse o ; (5) D dance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. /3-07
se; se;	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO
	00 3804 Elm Ave.	E. STREET AND NUMBER
70.2	3004 2111 100	3804 Elm Ave.
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
occur ontrik ermin regul	Female White WIDOWED DIVORCED	1 8/19/01 67
co co co co co co co co co co co co co c	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTION done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or nde de	Sewing Knothe Bros.	Va. USA
if dect (4) U (4) U the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
F	William W. Riley	Lavinia J. Heflin
a p to o	15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT Anntana Ave.
State of the de de fina		BMrs.Constance Stalnaker-4504 xxxxxx
s as any ced	18. / S 3 61 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
M his so, of of of the sed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Care of cala
	(This daes nat meen the made of dying, e.g., DUETO, OR A	AUSE Carchama of Colon S A CONSEQUENCE OF:
iner actur pron	hearl failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	
fra fra em le min	ANTECEDENT CAUSES	
×an ×an ×b ×b	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	S A CONSEQUENCE OF:
DIRECTOR: cal examiner at examiner. s; (3) A fractu cian who pro tian who pro tian are emba	rise to the above cause (A) stoling the UNDERLYING CONDITION tost, (C)	
- 0 0 0		
medicanedicaburns;	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
E X T S S S S S S S S S S S S S S S S S S	SEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
UNERAL chief mec by a medi body bur the phys hysician w	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES OF DEATH?
FU the the (2) (2) phr	OR CONTRIBUTING CALLES OF home form feeters street	, in or obout 21 C. WHERE DID (If in Bollimore City, give exact location) office bldgs, INJURY OCCUR?
	DEATH (notify medical examiner)	
9 6 5 7 9	☐ 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
oved e hos nati cept d (6	(APPROX.) While At Not Work Not Work	k 📙
n y n y a	22. I certify that (1) (this hospital) ottended the deceased fram	200 1969 to May 1969.
B 2 4 8		19 19 and that in (my) (our) opinion death occurred on the date
070 +++	and hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.
eased ident o hospita		
	23A. SGNATURE	23B. DATE SIGNED
E o o n o o	(Levase & Massing MD A	thending Med. Director Phys. Staff 5/2/6 9
rel acc	Blivail L. Massing MD DEGREE API 23C. PHYSICIAN'S NAME (Type)	thending Med. Shaff Shaf
ficate m was rel An acc prior to	Bluas L, Massing MD A PI 23C. PHYSICIAN'S NAME (Type) Edward L. Glassman, M.D. Degar	Med. Director Phys. Stoff S S S S S S S S S S S S S S S S S S
tificate m ly was rel (1) An acc O.A. at a ed prior to	Beval J. Kassikay Degree April 23C. Physician's NAME (Type) Edward L. Glassman, M.D. Degree 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	rending Med. Director Phys. 5/2/6 9 23D. ADDRESS LO37 Falls Rd. REMATORY 24D, LOCATION (City, town, or county) (Stote)
E o o n o o	Bural L. Classman, M.D. Edward L. Glassman, M.D. Edward L. Glassman, M.D. DEGREE PI 23C. PHYSICIAN'S NAME (Type) Edward L. Glassman, M.D. DEGREE 24A. BURIAL CREMATION, 124B. DATE [24C. NAME of CEMETERY of CEMETER	rending Med. Director Phys. Staff S / 2/6 9 23D. ADDRESS LO 37 Falls Rd. REMATORY 24D, LOCATION (City, town, or county) (Stote)

23B. DATE SIGNED Typel Edward L. Glassman, M.D. DEGREE Falls Rd. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 5/6, 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) 5/6/69 Baltimore National Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT.
MAY 5 1969 Dan Donovan 25B. NAME OF REGISTRAR ADDRESS - 3818 Roland Ave. VS 150-REV. 1/1/68 ...

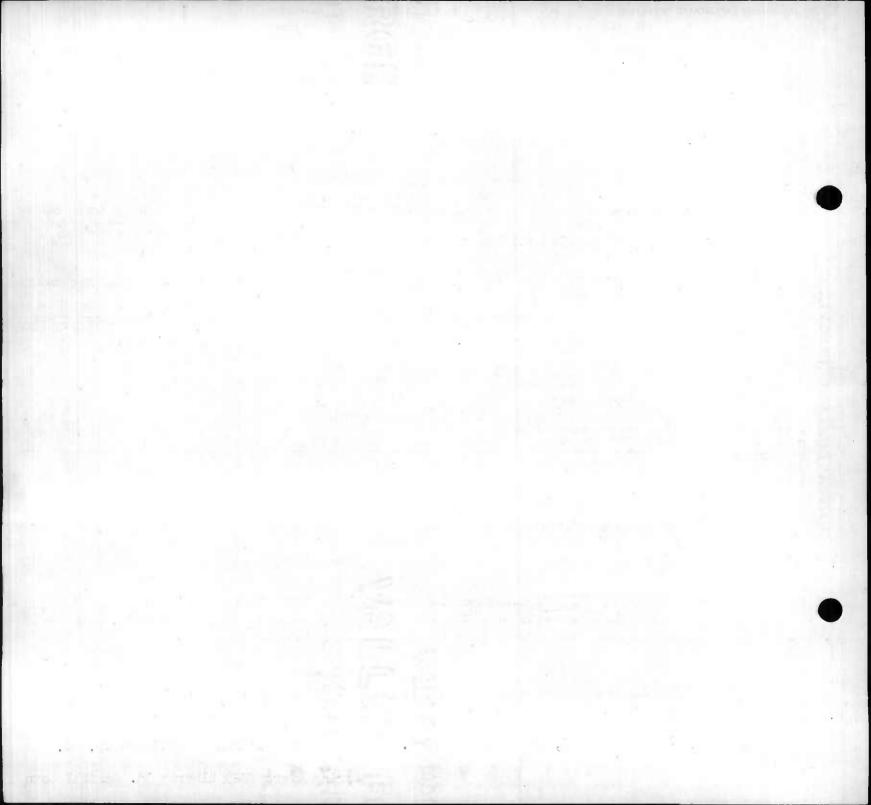


00 4		HEALTH DEPARTMENT		CO ACOA
	634 CERTIFICA	TE OF DEATH	REG. NO.	05 4034
I, NAME OF DECEASED WITO THE LICE	IADD NOTIT	12. DATE AND	HOUR OF DEATH	
(Type of Print) VIOLET HOW	ARD NOELL	ADD,	1 29,190	19/10/10 8
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONO UN CED DEAD	4. USUAL RESIDENCE (Where	leceased lived. If institu	tion; residence before admission)
		A. STATE B. COUNTY		1/ 22
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Ma. BALIC) , la laisine	06-33
INSTITUTION		C. CITY OR TOWN		CITY LIMITS?
GONVALE.	SCANI	E. STREET AND NUMBER	RE YE	S NO L
4/000 - 11:0 11/10-1	1- 21/	E. SIREET AND NOMBER		1 d Pd.
MAKBOR VIEW NURSIN	9 ANA	3424 CHE	AGE (In years If	Under 1 Yr., If Under 24 Hrs.
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED		t birthday)	onths Days Haurs Min.
VIIINE WILL IN I	WED DIVORCED 1	10/21/1/	91	
tOA, USUAL OCCUPATION (Give kind of work 10B, KIN dane during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
Housewife		MARYLAND	2	26.5.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JAMPS /IIAD Eigh	d. Donnor	Vic TORIB	401111	pd
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1100017	3424PDRESS
(Yes, no ar unknown) (If yes, give war ar dates of serv	- 10 11 -		7	
NO .	218-46-504		e Beacham	Chesterfield
18. 4/2,41	CAUSE OF DEAT		1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Arfera	sclaroteller	Stovasale	Oscaro.
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAL	SE		915
heart failure, asthenia, etc. 11 means the disc		A CONSEQUENCE OF:		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi	3	A CONSEQUENCE OF:		
rise to the above cause (A) stoling UNDERLYING CONDITION last.	the (C)			
ll li	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI	NG MAL.	befor ala		
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL ACCU	244 -ua	~	- I fee?
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
19A. DATE OF OPERATION WAS PERFORMED		NO	Janning Cause	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, o	n ar about 21C. WHERE DID	(If In Baltimare C	ity, give exact location)
DEATH (notify medical examiner)	etc.)	Sold State of State o		
OF IN LURY	21E. INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
\$ 0,	While At Not Whi	е		
(APPROX.)	Wark At Wark		n	. 0
22. I certify that (1) (this haspital) attend			69 to 18/2	it 29 1969.
that (we) last saw the deceased alive	an Mil 29	19 6 9 and that	in (aur apinia	n death accurred an the date
and have and from the causes stated abar				
23A. SIGNATURE			23	B. DATE SIGNED
CAMPANA	- for My Ath	ending Med. St.	off	29 Amiles
23C. PHYSICIAN'S	JUNIOS DEGREE PHY	23D. ADDRESS	ys.	" post of
NAME (Type)	The Man	1209 4 Par	OCK Bal	29 April 69
14,C-14CEV1ZA	105 M. DEGREE	, / / / / eac		
REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	CATION (City,	town, ar county) (State)
Burial 5/1/69	Parkwood Ceme	etery Bal	timore, Ma	ryland
	Parkwood Ceme	etery Bal	timore, Ma	aryland Address
		25C. FUNERAL DIRECTOR	Sons, Inc.	ADDRESS



the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written appraval must be obtained before the remains are embalmed ar final disposition is made. This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and

69 4635 BALTIMORE CITY HEALTH DEPARTMENT 69 4635
CERTIFICATE OF DEATH REGINO.
I. NAME OF DECEASED. 2. DATE AND HOUR OF DEATH
(Type of Pint) /a L. Ruley May 2, 1969 /= AN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
INSTITUTION . D. INSIDE CITY LIMITS!
Maryland General Hospital Baltimore YES AND NOTE
3626 Rockdale Terr.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
F WIDOWED DIVORCED □ 6/9/1853 83
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
housewife home Maryland USA
13. FATHER'S NAME
Julius Zimmerman Greenwalt comments
15. Wos Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.
No 212-05-9946 Lottie C. Barry (sisker) Same
18.4 12 4 CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE WAS CINEAR OF SETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE WAS CINEAR OF SETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE WAS CINEAR OF SETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE (B) INC. (B) IN
DUE TO, DK AS A CONSEQUENCE DE:
heart failure, asthenio, etc. It means the disease, injury at complication which caused death.)
ANTECEDENT CAUSES (B) ASCVD VEGIVS
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
rise to the above couse (A) stoling the UNDERLYING CONDITION tost.
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE TERMINAL OF THE DEATH BUT NOT RELATED TO THE TERMINAL
U 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) White At Not While At Work At Work
22. I certify that (I) (this hospital) attended the deceased from April 1967 to 116.7 2 1967
that (1) (we) last saw the deceased alive an /101/2 19 67 and that In(my) (our) opinion deoth accurred an the date
ond haur and fram the couses stated above (1) We (did) (did nat) view the bady ofter death.
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff M
OEGREE Phys. Director Phys.
PANE (Type) 1 1 V 1 M) 23D. ADDRESS
KICHARA CINERCH, I VIGEREE O 2/ LINAEN INC., Dallay ici.
24A. BURNAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial May 5, 69 Woodlawn Cem. Woodlawn Baltimore Co. Md.
MAY 5 1969 1 (30 44 0 - G (3) A.D. 12 0 1
Toring Byers 8728 Liberty Rd. Randallstown



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT

69	4636
00	1000

30	BIRTH NO. 69 4636 CERTIFICA	ATE OF DEATH REG. NO. 69 4636
Such	I. NAME OF DECEASED (Type or Print) MARIAN Danath	2. DATE AND HOUR OF DEATH
death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Whele deceased lived. If institution: residence before admission) A. STATE B. COUNTY CEET CO. 57-21
attendance ior to deat	38 University Hospital	E. STREET AND NUMBER
egular ased pr s made.	S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Min. Min.
- 0	done during most of working life, even if relited)	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
n was in in the dec	13. FATHER'S NAME Wom Mills	14. MOTHER'S MAIDEN NAME Mollie Smith.
re o	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	Anthony Merida, Jr. Elkton, Md.
ician who pronounced as in regular attendanains are embalmed or fi	injury or complication which coused death.) ANTECEDENT CAUSES (B) BALL	TH BETWEEN ONSET AND DEATH
here the physicia No physician was before the remain	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or about 21C. WHERE DID office bidg., INJURY OCCUR?
and (6) No	DEATH (natify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Wh Work Not Wh	21F. HOW DID INJURY OCCUR?
J	22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an four and from the tauses stated above. (1) (We) (did) (did not)	1969 to 4/25/ 1965, 6919 and that in (my) (aur) apinian death accurred on the date view the bady after death.
at a hospital rior to death) proval must be	23A. SIGNATURE	tending Med. Shaff Director Phys. D 4/28/69.
was D.O.A. at a radeceased prior to written approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of COMETERY OF C	

VS 150-REV. 1/1/68

House W Wm Mills

Mollie Sunth.

Mys conded failure Rhennich. heart dissois, part Mitraficolus replaiement

6	69 46	131.	HEALTH DEPARTMENT	REG. NO	69 4637
	1. NAME OF DECEASED (Type or Print) HARRY L. Shoot 3. PLACE IN BALTIMORE MARYLAND, WHERE PRI	MALCR	DEMAKE P. DATE AND MAG	deceosed lived If institu	Ition: residence before odmission)
4	FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) THOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	SE HIMORE	MANYLAND C. CITY OR TOWN Baltimore	Barte . Co.	53-00 CITY LIMITS?
	Belvedere & Greensp.	10	E. STREET AND NUMBER 810 Jaydee	Ave.	
is mad	MIDON		8. DATE OF BIRTH 9.	AGE (In years If ost birthdoy)	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.
		TEEL	MARYLAND	1 country) 12	2. CITIZEN OF WHAT COUNTRY?
disposition	13. FATHER'S NAME GEORGE SHOEMAN		14. MOTHER'S MAIDEN NAM	SHORT	
tinai	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	(c) 16. SOCIAL SECURITY NO. 7-19-03-8641	EVA SHOEMA	KER	ADDRESS ABOVE
10 De	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E	(This does not moon the mode of dying, hoort foilure, asthenio, etc. It means the dise injury or complication which coused deoth.)		SE ADDOMINAL AND	eurysm	14 days
ns are em	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the above couse (A) stoling UNDERLYING CONDITION tost.	ing (B) PACPC DUE TO, OR AS	ble ASCVD		7,
remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	m.I.x. Splenecton		rrest x 3. atelets	
perore rue	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED COMMINGENERAL PROPERTY OF THE PROPERTY O	I aneurysm	20A. AUTOPSY? (Yes of No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
Det	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	ice bldg., INJURY OCCUR?	(If In Boltimore Cit	ly, give exoct locotion)
optained	21D-TIME (Month) (Day) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJUI	Y OCCUR?	
00 00	22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive	in 5-3	19 <u>69</u> and that	in (my) (aut) apinian	3 19 6 9 death accurred an the date
approval must	and haur and from the causes stated above			1.00	, DATE SIGNED
BAOJ	23C PHYSICIANS NAME (Type)	DEGREE Phys.	3D. ADDRESS	roff D	5-5-69
	REMOVAL (Specify)	NAME OF CEMETERY OF CREATER		4	own, or county) (Stote)
Written	BURIAL 3/7/69 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	MEADOWRIDE AE OF REGISTRAR	25C. FUNERAL DIRECTOR	TLLS SONS	ADDRESS 300 MACE
1	VS 150-REV. 1/1/68	2 4 4 4	TOP ICONOC	FF/ 3-23	300 17170

AND THE RESERVE OF THE PROPERTY OF THE PROPERT

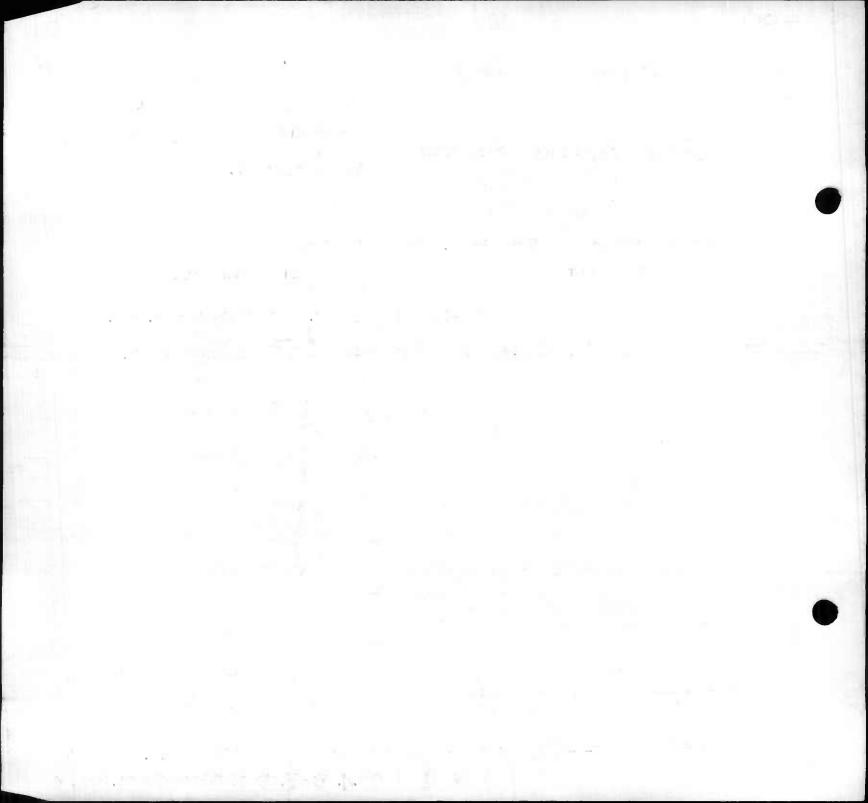
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

60	BALTIMORE CITY	HEALTH DEPARTMENT	\ /	60 4000
03 4	CERTIFICA	TE OF DEATH	REG. NO	69 4638
	CERTITO	to DEATH		
. 4) 1 2	KATHERING			4:44- A M.
		4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution; residence before admission)
OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET			BALTA 53-00
	HOSPITAL	BALTIMORE E STREET AND NUMBER	2267	YES NO NO
			OND ROM	IT ROAD
6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
11.1		7-22-01	67	Months Coys Hours Min.
	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
		MARYLAND		CI.S.A.
		14. MOTHER'S MAIDEN NA	MELAMA	140-
HN MCCLELLAN	VD	EMMA +	4114/25	151
ceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
K	217-38-485	WALTER L	E BRUN	SAME
2/01	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		1 -		
	(A) IMMEDIATE CAL	ISE LIVER INS	UFFICIENC	<u> </u>
lailure, asthenia, etc. II means the dis	ease, DUE TO, OR AS	A CONSEQUENCE OF:		
		,	2	
ANTECEDENT CAUSES			- IRRHOSIS	
	hittig	A CONSEQUENCE OF:		
		2 A Tomas a A A A		
RLYING CONDITION last.	(c) P/	VEUHONITIS		
	(c)	NEUHONITIS		
RLYING CONDITION last. II SIGNIFICANT CONDITIONS CONTRIBUT	(c) FING			
RLYING CONDITION Iosi. II SIGNIFICANT CONDITIONS CONTRIBUT E DEATH 8UT NOT RELATED TO THE TERMI SE OR CONDITION GIVEN IN PART 1 (A).	(c). MAL	NUTRITION		
RLYING CONDITION Iosi. II SIGNIFICANT CONDITIONS CONTRIBUT E DEATH 8UT NOT RELATED TO THE TERMI SE OR CONDITION GIVEN IN PART 1 (A).	(C)		D) 20B, IF YES, WERE	FINDINGS CONSIDERED
SIGNIFICANT CONDITION TO SI. SIGNIFICANT CONDITIONS CONTRIBUT E DEATH 8UT NOT RELATED TO THE TERMI SE OR CONDITION GIVEN IN PART 1 (A). ATE OF OPERATION 198. CONDITION WAS PERFORMED CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	(C)	NUTRITION 20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? re City, give exact locotion
RLYING CONDITION Iosi. II SIGNIFICANT CONDITIONS CONTRIBUT E DEATH 8UT NOT RELATED TO THE TERMI SE OR CONDITION GIVEN IN PART 1 (A). ATE OF OPERATION 198. CONDITION WAS PERFORMED CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF I (notify medicol exominer) ME (Month) (Day) (Yeor) (Hour)	FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, factory, street, o'etc.)	NUTRITION 20A. AUTOPSY? (Yes or No	(If in Boltimo	USES OF DEATH?
RLYING CONDITION Iosi. II SIGNIFICANT CONDITIONS CONTRIBUT E DEATH 8UT NOT RELATED TO THE TERMINES OR CONDITION GIVEN IN PART 1 (A). ATE OF OPERATION 198. CONDITION WAS PERFORMED CCIDENT WAS UNDERLYING NOTIFIED CAUSE OF Inotify medical examines) ME (Month) (Day) (Year) (Hour) UNTY	FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., indicator), street, or etc.) 218. INJURY OCCURRED While At Not While	20A. AUTOPSY? (Yes or No n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
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SIGNIFICANT CONDITION IOSI. SIGNIFICANT CONDITIONS CONTRIBUT E DEATH 8UT NOT RELATED TO THE TERMING OR CONDITION GIVEN IN PART 1 (A). ATE OF OPERATION 198. CONDITION WAS PERFORMED CCIDENT WAS UNDERLYING ON (Notify medicol exominer) ME (Month) (Day) (Yeor) (Hour) UNRY OX.) certify that (1) (this haspital) attentions	FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., indicator), street, or etc.) 218. INJURY OCCURRED While At Not While At Work ded the deceased fram	n or obout 21C, WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
SIGNIFICANT CONDITION IOSI. SIGNIFICANT CONDITIONS CONTRIBUT E DEATH 8UT NOT RELATED TO THE TERMINE OR CONDITION GIVEN IN PART 1 (A). ATE OF OPERATION 198. CONDITION WAS PERFORMED CCIDENT WAS UNDERLYING NATRIBUTING CAUSE OF I (notify medicol exominer) ME (Month) (Day) (Yeor) (Hour) DICTION (Month) (Day) (Yeor) (Hour) DICTION (MONTH) CERTIFY that (1) (this haspital) attention (1) (we) last saw the deceased alive	TING INAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., into the control of t	20A. AUTOPSY? (Yes or No n or obout 21C, WHERE DID find bldg., INJURY OCCUR?) 21F. HOW DID INJ	(If in Boltimo	re City, give exact location)
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SIGNIFICANT CONDITION IOSI. SIGNIFICANT CONDITIONS CONTRIBUT E DEATH 8UT NOT RELATED TO THE TERMINE OR CONDITION GIVEN IN PART 1 (A). ATE OF OPERATION 198. CONDITION WAS PERFORMED CCIDENT WAS UNDERLYING NATRIBUTING CAUSE OF I (notify medicol exominer) ME (Month) (Day) (Yeor) (Hour) DICTION (Month) (Day) (Yeor) (Hour) DICTION (MONTH) CERTIFY that (1) (this haspital) attention (1) (we) last saw the deceased alive	ING INAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., index), form, factory, street, order, ord	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID fine bidg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimo URY OCCUR? 19 69 ta V at in (my) (aur) ap	re City, give exact location)
SIGNIFICANT CONDITION IOSI. SIGNIFICANT CONDITIONS CONTRIBUTE DEATH 8UT NOT RELATED TO THE TERMISE OR CONDITION GIVEN IN PART 1 (A). ATE OF OPERATION 198. CONDITION WAS PERFORMED CCIDENT WAS UNDERLYING DATE (Month) (Day) (Yeor) (Hour) ONTRIBUTING CAUSE OF (Inotify medicol exominer) ME (Month) (Day) (Yeor) (Hour) ONTRIBUTING CAUSE OF (Inotify medicol exominer) CCIDENT WAS UNDERLYING DATE (Month) (Day) (Yeor) (Hour) ONTRIBUTING CAUSE OF (Inotify medicol exominer) ME (Month) (Day) (Yeor) (Hour) ONTRIBUTING CAUSE OF (Inotify medicol exominer) AME (Month) (Day) (Yeor) (Hour) ONTRIBUTING CAUSE OF (Inotify medicol exominer) AME (Month) (Day) (Yeor) (Hour) ONTRIBUTING CAUSE OF (Inotify medicol exominer)	TING INAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, factory, street, or etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram ve. (I) (We) (did) (did nat) Ve. (I) (We) (did) (did nat)	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJury Occurs and the property of the prope	(If in Boltimo	re City, give exact location
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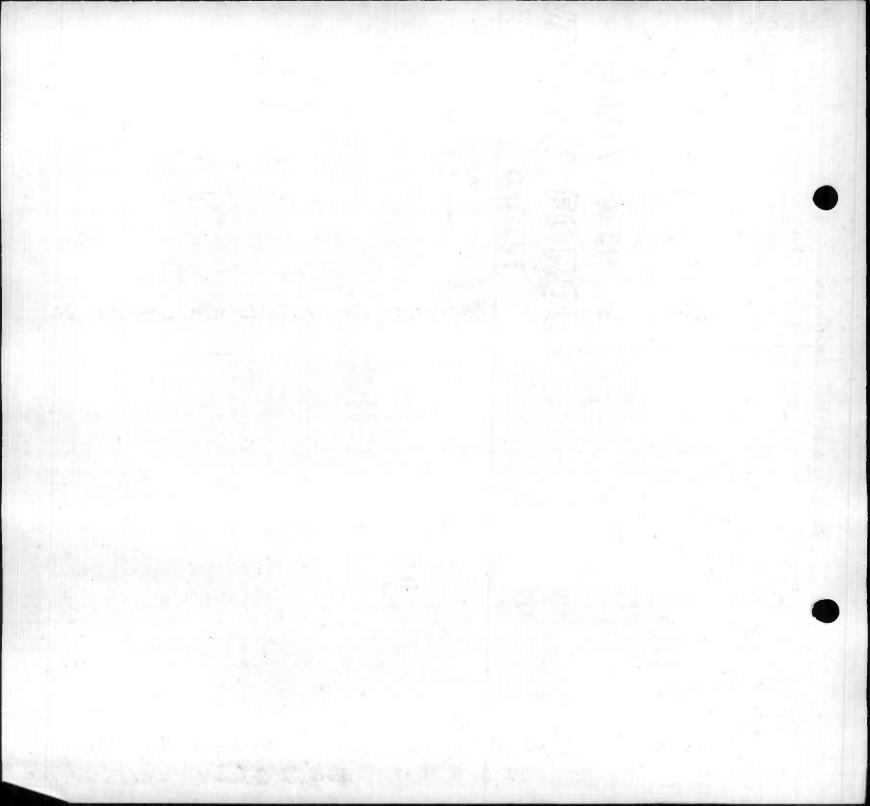
		69 46	CERTIFICA	HEALTH DEPARTMENT	REG. NO	69 4639	
	TH NO.		CERTIFICA				
	pe or Print)	6	2 L	2. DATE	AND HOUR OF DEATH	5 20 D	,
3, 1	PLACE IN BALTIMORE, MARYLAN	D. WHERE PRONO	UNCED DEAD	A USUAL PESIDENCE IN	here deceased lived If i	stitution: residence before odmis	N
		o, which i kono	ONCED DEAD	A. SIAIE B. COI	INIT	E-m	ision)
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INS	STITUTION			ANNAPOLIS	D. INS	IDE CITY LIMITS?	
12	Johns Hook	ins the	spital	E. STREET AND NUMBER		YES X NO	
1	Johns map k	ins m	spical				
5. S	SEX 6. RACE	7. MADDIED	NEVER MARRIED	87 CHARLES	9. AGE (In years	Il Under 1 Yr. , If Under 24	41
	PN	WIDOWED		1/11/10	lost birthday)	Months Doys Hours Mi	in.
10A.	USUAL OCCUPATION (Give kind o			11. SIRTHPLACE (State or fe		12. CITIZEN OF WHAT COU	Altak
done	e during most at warking tife, even if reli	red)			outhy)	U.S.	MIRT
M	langle operator	Naval	Acady Indry	Maryland		0.5.	
1					ABETH HALL		
(Yes	Was Deceased Ever in U.S. Arme i, na or unknown) (If yes, give war ar	d Forces? dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
	No		216-14-6521	Paul B. Cook	87 Charles	St. Anna Md	
	18. 13 741		CAUSE OF DEATH	1	Heratie	1 APPROXIMATE INTERV	AL
	DISEASE OR CONDITION		žerk.	Manster Blo	2 Revel +	BETWEEN ONSET AND D	HTAS
	LEADING TO DEA		(A) IMMEDIATE CAU	SE 7	Pulmonary	, N mo.	
	(This does not mean the mode heart failure, astheria, etc. 11 m	eans the diseose,	DUE TO, OR AS	CONSEQUENCE OF:	insufficier	44	,0000
	injury or camplication which car	The Parison of the Pa		1			
	ANTECEDENT CAL		(B) Wide	ely metastalia	2 Parcelatio	a rlyr.	,
	DISEASES OR CONDITIONS, rise to the above cause	il any, giving	DUE TO, OR AS	CONSEQUENCE OF:		V	
	UNDERLYING CONDITION last	· ording me	(c)				
_	11						_
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	CONTRIBUTING				- 1	
	DISEASE OR CONDITION GIVEN IN	PART 1 (A).	***************************************	***************************************			
ETIFIC	19A. DATE OF OPERATION 198.			20A. AUTOPSY? (Yes or)	IN CERTIFYING CAL	INDINGS CONSIDERED	
0 2	21A. ACCIDENT WAS UNDERLYIN	IG 218	PLACE OF INITION IS OF	or about 21C. WHERE DID			
1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		e, form, factory, street, off	ice bldg., INJURY OCCUR?	(ii in boltimore	City, give exact location)	
12	21 D. TIME (Month) (Doy) (Y						
3	OF INJURY		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
	(APPROX.)	Wai	k At Work				
2	22. I certify that (1) (this hosp	ital) attended th			19 69 to 9/	3.2 19.67	9
1	that (i) (we) last saw the dece	ased alive an	4/30	19 69 and t	hat in (my) (aur) apir	ilan death accurred on the	date
	and have and from the causes	stated above. (1) (We) (did) (did nat) vi				
2	23A. SIGNATURE					23B, DATE SIGNED	
	UM BMal	el. n	Atten	ding Med.	Staff Phys.	4/30/18	
7	23 C. PHYSICIAN'S	non) re	DEGREE	3D. ADDRESS	Phys.	1130/69	
	M. B. Many his L.	Ou MAD E	bt MD	JHH 7	ant P.		
24A.	BURIAL CREMATION, 248. DATE	24C. NA	ME of CEMETERY OF CREE	MATORY	rep (307	Jeny	
-	REMOVAL (Specify)		THE THE PERSON OF CREE	240.	LOCATION (Cit	y, town, of county! (Stote	el
	DATE REC'D BY HEALTH DEPT.	1969 Pir	e Laun Memori	al Park Ani	napolis A	. Co Md	
1	MAY 6 1969	230 NAME O	REGISTRAR DES	1l. m		ADDRESS	
	0 1000	MOY	004-4	OC. Hicks. 1	11 30 Washins	ton St.Anna, Md	



BIRTH NO. 2 4640 CERTIFIC	ATE OF DEATH REG. NO. 69 4640
1. NAME OF DECEASED (Type or Print) CRITZER, WILLIAM	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
The state of the s	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARY LAND
INSTITUTION	C. CITY OR YOWN D. INSIDE CITY LIMITS?
BON SECOURS HOSPITAL	E. STREET AND NUMBER
WOON SECOURS 11031111	1530 RUCH ST
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. if Under 24 Hrs. lost birthday) Months; Doys Hours; Min.
MALE CAUCASION WIDOWED DIVORCED	1 3/22/96 lost birthdoyl Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLAGE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	11,00,000
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 1 1 1 1 1 1	0.4
HARON H. CRITZER	SALLY GOOSBY
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT / ADDRESS
No NONE 230-10-103	MRS. WM. CRITZER SR. 1513 Bush St.
18. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Uremia
(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death)	
ANTECEDENT CAUSES	ocardial infarction
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	AS A CONSEQUENCE OF:
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O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tiernia
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	2 2011/10
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g. home, form, foctory, street,	office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
<u>o</u>	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not W	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Work At Work	hile ork
22. I certify that (1) (this hospital) attended the deceased from	4 19 69 to 5 /4 19 69
that (I) (we) last saw the deceased alive an 5/4	19 6 and that in(my) (our) apinian death accurred an the dot
and hour and from the causes stated above. (1) (We) (did) (did not	
23A. SIGNATURE	23B. DATE SIGNED
	Attending Med. Staff Director Phys. 5 /5 /69
23 C. PHYSICIAN'S	Phys. Director Phys. Director 23D. ADDRESS
NAME (Type) VALLOP	Bon Secours Hosp., Balto., M.
24A. SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	
Rueial 5/7/19 CREST LANGE	Com Howard Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 44 ADDRESS

2101 Fredrick AV

VS 150-REV, 1/1/6B

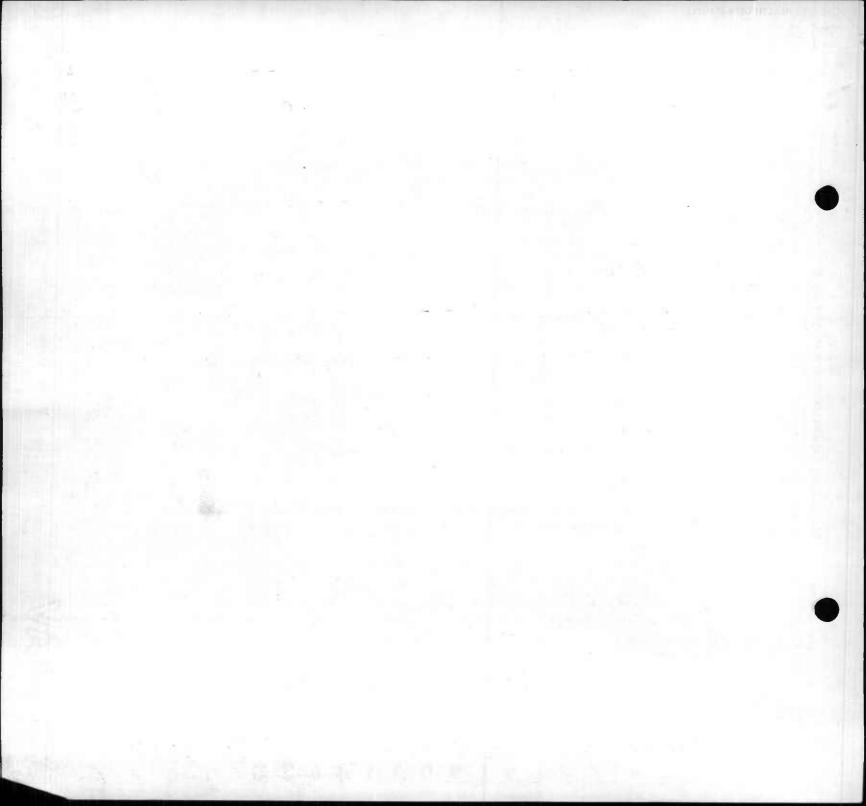


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	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Frank Gerst 8:30 A M. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN CITY LIMITS? Baltimore YES X NO E. STREET AND NUMBER olton Hill Nursing & Convalescent Center 1921 W. Lombard Street 5, SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Doys 7. MARRIED NEVER MARRIED If Under 24 Hrs. lost birthdoy Hours DIVORCED WIDOWED 10-16-1885 Male 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even il retired) Maryland
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 216-03-4077 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. 11 isselvesio abliterana both leg OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) DEATH (notify medical examiner) 21 D. TIME OF INJURY 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeot) (Hour) 21 E. INJURY OCCURRED While At Not While [(APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram mas 22 1969 Water 1 april 26 19 69 that (1) (we) lost sow the deceased alive on ...ond that in (my) (our) apinian death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did nat) view the body after death. 23B. DATE SIGNED 23A. SIGNATURE Attending [Staff approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) decease 2SA, DATE REC'D. BY HEALTH DEPT. 25C. FUNERAL DIRECTOR CARI R. GAR

FULLENAL HOM



B-650

69 4642 BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL	EXAMINER'S	CERTIFICA"	TF OF	DEATH

69 4642

BIR	TH NO.		ALDIC/	\L L/	AAMII AER O C	- h- 1	CATE	ווערות	REG. 1	10		70 1.0	
1. [NAME OF DECE e or Print)		LOMON	BR	WN	2. DATE OF DEATH	Known X Estimoted		3, 19	969	Yeor	Hour	N
FUL HOS	L NAME OF	(IF NOT IN H ADDRESS OF			OUNCED DEAD ON, GIVE STREET	3. DATE PRONO	UNCED DEAD	Month May	3, 19	969	Yeor	Hour 8:45 F) _N
		Provide	nt Hosp	ital	(DOA)	A. STATE	Mary1a		B. COUN	ΓY	10	6-0	2
6. 5		7. RACE		_	NEVER MARRIED	C. CITY OF			D. INSID				
_	ale	Negro	WIDO	DWED 1	DIVORCED L.	E STREET	Baltim			YES	X]	NO L	
	3-12-87	lost	birthdoy)	Mont	hs Doys Hours Min.			Parrish	Street				
11.		ote or foreign cou			THE COUNTRY?	13. FATHER		rull 13th	beree				
	USUAL OCCUP			ND OF I	BUSINESS OR INDUSTRY	15. MOTHE	ER'S MAIDEN	NAME					
16. (Yes	WAS DECEASE	D EVER IN U.S. A	ARMED FORCE	CES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT			ADDR	RESS	134	
_	no ((0,) 00) 0.10 0.		,	219012828 CAUSE OF DEA		zabeth	Walls	250	9 5		m Stre	
CERTIFICATION	(This does no heart foilure, Injury or community or commu	OR CONDITION EADING TO DEA I meon the mode osthenio, etc. It me plication which cou TECEDENT CAUSE ABOVE CAUSE G CONDITION II FICANT CONDITION II H BUT NOT RELA CONDITION GIVE	of dying, e.g. cons the discost sed death.) SES IF ANY, GIVIN A) STATING TILLAST. ONS CONTRIE TED TO THE TE N IN PART 1 (SUTING RMINAL A).	(A)IMMEDIATE C DUE TO, OR A (B) DUE TO, OR (C)	AUSE AS A CONSEC	QUENCE OF:	ovascula	ar dise				Na
	0	IAL CAUSE WAS		91	PLACE OF INJURY(e.g.,		E - H - H	ID (If in Boltim	ore City give			No No	140)
MEDIC	UNDERLYING UTING CAL 22D. TIME (I OF INJURY (APPROX.)	OR CONTRIB- JSE OF DEATH. Month) (Doy)	(Yeor) (H	our) 2	2E.INJURY OCCURRED VHILE AT NOT	e bldg., etc.)	22F. HOW DIE	R?		e exoci (c	ocanon		
		(P'S Char	les S.	X A Spri	Inspection Au ccident Suicio M.D. ngate, M.D.	. ASS	CHIEF MEDIC	AL EXAMINER	ined monn	er 🗌 Ma	y 4,	DATE SIGN	
	MOVAL (Specify Burial	5-8	-69	24	Aubu			Balto.		town, o	EGUNTY	(Stote	:/
		BY HEALTH DEPT.			OF REGISTRAR		FUNERAL DIR						

69 4643 BALTIMORE CITY HEALTH DEPARTMENT

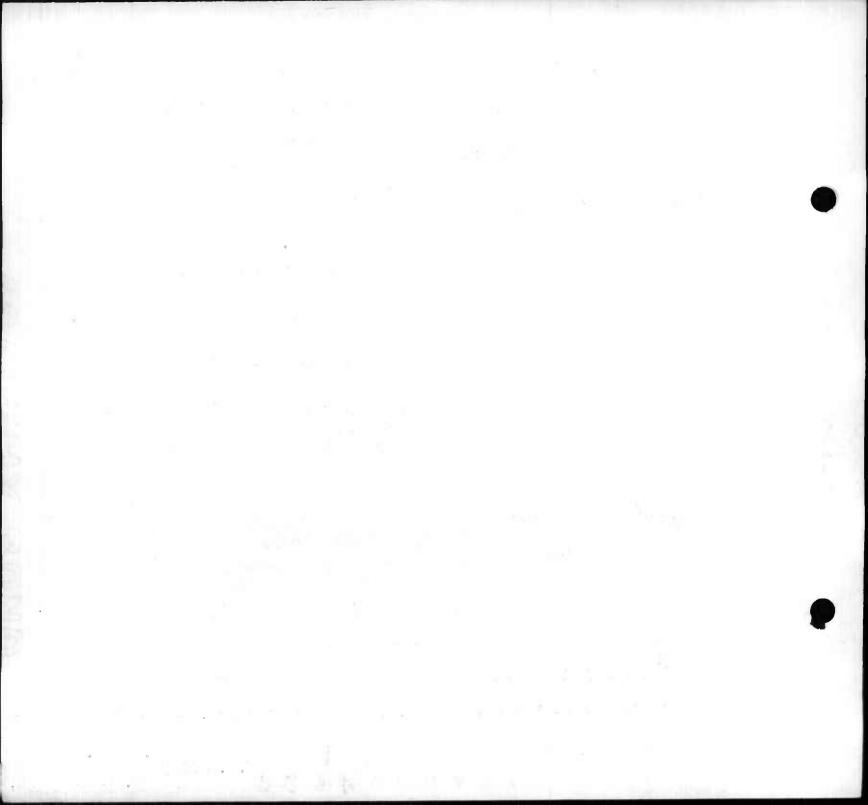
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 4643

BII	RTH NO.		MLD	ICAL	LAMMINER 3	CEKTIFI	CATEO	DEA	REG. NO		101	
1.	NAME OF DEC	EASED				2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Ty	pe or Print)		GILLET.	CE HA	RRIS	OF DEATH	Estimoted []				M.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTIT	UTION, GIVE STREET		UNCED DEAD	May	3, 1969 lived. If institution:	rasidanca	7:00	Μ.
C	00		West Ho	llins	Street	A. STATE	Marylan		B. COUNTY	18	- 0.	3
6.	SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?		
	Male	Neg	ro	WIDOWE	D DIVORCED		Baltimo	re	YES		No 🗆	
9.	10-16-8		10. AGE (In lost biathdo	yeors	Under 1 Yr. If Under 24 Hrs. lonths, Doys, Hours, Min.	E. STREET	AND NUMBER					
11.	BIRTHPLACE (S				CITIZEN OF	13. FATHER		t Holl	ins Stree	t		
	Va	а.			WHAT SOUNTRY?							
dor	e during most of w	PATION (Giv vorking life, ev NISTE1	en ifretired)	148. KIND C	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN N	AME				
16. (Ye	WAS DECEASI s, no or unknown) NO	ED EVER IN (If yes, give	U.S. ARMED	FORCES? of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS	-4	
	19.	2.4			CAUSE OF DEA	тн					PPROXIMATE I	
	DISEASI	F OR COND	ITION DIREC	TIY	Arteriosc	lerotic	cardiov	ascula	r disease		VEETA CHOEF	NO DEATH
		LEADING TO			(A)IMMEDIATE							
	heart failure,	, osthenio, etc	mode of dy It means the ch coused dea	diseose,		AS A CONSEC	UENCE OF:					
							200					
		NTECEDENT OR CONDITI	CAUSES ONS, IF ANY	GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE								
Z	OTTO EXETT	.o conbii	TOTT LAST.		(C)							
CERTIFICATION	OTHER SIGN TO THE DEA	ATH BUT NOT	II NDITIONS CO RELATED TO GIVEN IN PA	THE TERMIN								
RT	20A. DATE OF				OR WHICH OPERATION W	AS PERFORM	MED			21. AUTC	DPSY? (Yes	or No)
2									11000		No	
O	22A EXTERI	NAL CAUSE			B.PLACE OF INJURY (e.g., ome, form, foctory, street, offic				nore City, give exoc			
MEDI	UTING CA	USE OF DEA	ATH.									
2	OF INJURY (APPROX.)	(Month) (E	Doy) (Year) (Hour) m		WHILE	22F. HOW DID I	NJURY OC	CUR?			
	23.											
		ify that I h		nquiry [_]		tapsy 📙		this basis	s, death in my a	pinion		
	result		loturol cau	ses	Agrident Suicio		amicide 🗌		nined manner L			
	ACTUAL SIGNATI	(0	lean	81.	Isalma		CHIEF MEDICA		[377]		DATE SIG	NED
	EXAMINI NAME (T	ER'S (Charles	S. Sp	oringate, M.D.	ASSO	OCIATE MEDICA	L EXAMINER	Ma:	y 4,	1969	
	A. BURIAL CREA MOVAL (Specif		24B. DATE	**	24C. NAME of CEMETERY	or CREMATO	ORY 24	. LOCATIO	N (City, town,	or county) (St	ate)
	Burial		5-9-6	9	Mt. Aubu	rn Cen	1	Ball	to lid			
25	A. DATE REC'D	BY HEALTH			ME OF REGISTRAR	25C.	elson F.		Bailey 1348 Ca		n St.	
VS	151-REV. 1/1/68	3		1	6 9 0	0 1	63	5				

VS 150-REV. 1/1/68

BIRTH	NO	69	464	BALTIMORE CITY CERTIFICA	HEALTH DEPARTME	ENT REG. NO	69 4644
	AE OF DECEASED					ATE AND HOUR OF DEAT	н
	GARN	ER, Will			5	5/2/69	10:10 A.M
5 0	CE IN BALTIMOR	E MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENC A. STATE B.	E (Where deceased lived, If COUNTY	institution: residence before admission)
HOSPI	NAME OF (I	NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Baltimor	e Marylan	a 27-17
INSTIT	UTION	7			C. CITY OR TOWN Baltimo		ISIDE CITY LIMITS?
3 3 Th	e Johns	Hopkins	Hospi	tal	E. STREET AND NUM		YES NO
			11000	cai		e Avenue	
5. SEX	6. RAC	E	7. MARRIED	NEVER MARRIED		9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys : Hours : Min.
	le Ne	egro	WIDOWED		11/19/51	1 17	
done du	ring most of working	life, even il retired)	IUE KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FAT	HER'S NAME				Va		
100 121					14. MOTHER'S MAIDE		
15. Wes	Deceased Ever in	U. S. Armed Force	es?	1 6. SOCIAL		arner (dec.	
(Yes, no	or unknown) (If yes	give wor or doles	ol sorvice)	SECURITY NO.	17. INFORMANT		ADDRESS
18.	5 41	31		CAUSE OF DEATH	Florance	Lews 3129	Sumter Ave.
	DISEASE OR	CONDITION DIR	ECTLY				APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
(Th	is does not med	n the made at	dvina ea	(A) IMMEDIATE CAU		- and	0
hec	arl failure, astheni	a, etc. It means n which caused	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:		**************************************
		DENT CAUSES		m	1.1	c/ +	21
DIS	SEASES OR CO	NDITIONS, II a	ny, giving	DUE TO, OR AS	CONSEQUENCE OF:	inford	1 days
n'se UN	I Ia the abay	e cause (A)	slaling the	(c) Hu	hatimeso	VSA-A	T 7 days
		11		(0)			
E110	THE DEATH RUT N	ONDITIONS CON	E TEDAMINIAL				
U IPA	EASE OR CONDITION	IN GIVEN IN PART	I (A).	HICH OPERATION	20A- AUTOPSY? (Yes	or Noll 208 It was wrent	CALDING CO. CO.
13	4/24/64	WAS PERFO	ISD /	+1	YE	S IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
0.0	CONTRIBUTING	I CALISE OF	218, 1 home	PLACE OF INJURY (e.g., in larm, factory street, offi	or obout 21 C. WHERE I	(If In Boltime	ore City, give exact location)
0	TH Inotify medical	10	etc.)	No		100	
SOF	TIME (Month	(Doy) (Yeorl		INJURY OCCURRED		D INJURY OCCUR	
IAP	PROX.)	No	Work			16	1 1
22.	I certify that (I)	(this hospital)	attended th	e deceased from	5/1	19 67 10	92/69 19 69
1		w the deceased		5/2/69	19	nd that in (my) (our) op	Inlon death occurred an the date
23A.	SIGNATURE	he couses state	d above. (I)	(We) (did) (did not) vid	w the body ofter de	eath.	
	Ford	- 0 C	mt	MO Attended Phys.	ling Med.	Shoff Fo	23B, DATE SIGNED
23C.	PHYSICIAN'S NAME (Typel	rea u-	1/ Muse	DEGREE Phys.	D. ADDRESS	Shaff Phys.	8/2/89
	Frede	rick A.	Matsen		-	A Hmh = T-1	m = TT = - 7 .
24A. 8U	RIAL CREMATION	24B. DATE	24C. NA	ME OI CEMETERY OF CREA	AATORY 2		ns Hopkins Hospit
В	urial	\$/6/6		Zion	116		
	TE REC'D BY HEA	LTH DEPT. 2	SE NAME OF	REGISTRAR	25C. FUNERAL DIRE	Westmorleand	
	REV. 1/1/68	1 (202 /	Sed 1	9.000	Kelson F	unAl Home 13	348 N. Calhoun St

Calhoun St,



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

45	BALTIMORE CITY HEALTH DEPARTMEN CERTIFICATE OF DEAT		03	40
Wasi		AND HOUR OF DEATH		7.1

BIRTH NO.	63	404	CERTIFIC	ATE OF D	EATH	REG. NO	00	4010
1. NAME OF DEC					2. DATE A	ND HOUR OF DEAT	Н	
			ashington			3-69		7:55 p. M
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RES	DENCE (Wh	ere deceased lived. If	institution; reside	ence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	Provident 1514 Divis	Hospit	treet	C.CITY OR TO Baltin	nd WN nore	D. IN	SIDE CITY LIMITS	03
	Baltimore	, Mary	Land 21217	2502 1	Druid H	ill Avenue		
5. SEX Male	Negroid	WIDOWED		8. DATE OF BI	-90	9. AGE (In years last birthday)	II Under 1 Manths Day	Il Under 24 Hrs. Haurs Min.
done during most of Self-emp	UPATION (Give kind af work warking life, even if retired) Loyed	108, KIND O	BUSINESS OR INDUSTR	Virgin		ign countryl		OF WHAT COUNTRY
13. FATHER'S NAM	ME			14. MOTHER'S	MAIDEN NA	ME		
15. Was Deceased	Ever in U. S. Armed Fero	es?	1 6. SOCIAL	17. INFORMAN	ī		AD.	DRESS
	(If yes, give war at dates	of servicel	SECURITY NO.	Mrs	Tennia	Washington		
18. 4/ /			217034045 CAUSE OF DEA		CHILE	MASHINGCON		Same
This does in heart failure, injury or cam DISEASES On ise to the UN DERLYING OTHER SIGNIFIT OT THE DEATH DISEASE OR CO. 19A-DATE OF 21A-ACCIDEN OR CONTRIBU' DEATH (notify)	LEADING TO DEATH of mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES or CONDITIONS, it a to above cause (A) to CONDITION lost. CONDITION lost. CONDITION SCON H BUT NOT RELATED TO THE DODITION GIVEN IN PART OPERATION 198 COND WAS PERFO	ny, giving slating the ITRIBUTING ETERMINAL 1 (A). 218, hometc. (Houd 21E	(B) OF TO, OR A (C) VHICH OPERATION PLACE OF INJURY (e.g., e.g. form, factory, street, c.g. factory,	20A. AUTOP	ON 9 Colors CEOF: SY? (Yes or No.) WHERE DID Y OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON AUSES OF DEAT	
(APPROX.)		Whi	le At Not Whi	le 🗀				
22. certify	that (1) (this hospital)					19 69 to May	3	- 50
	last saw the deceased		May 3.	19 69			Inlan do-st	19 69
	from the causes state				from Josef	or in (my) (our) ob	mon death oc	curred on the date
23A. SIGNATOR	in Tu	des	DEGREE Phy	ending No	led. irector	Staff X	238, DATE SIG 5-5-	69
24A. BURIAL CREM REMOVAL (S	AATION, 248, DATE	4 UN D.	ENS, MID DEGREE	1514 Di			Balto.,	Maryland
Burial	5-6-69	St				* ***		to many
25A. DATE REC'D	Y 6 1969	ISB. NAME O		metery 25C. FUNER/ Kelson	L DIRECTOR	V.R. Bai	l, Md. ley ^ houn St	reet

HERRY PAINT

Elitar Leaves million

T-460 B-300

39	4646	BALTIMORE CITY HEALTH DEPARTMENT	
, ,	1010		

69 4646 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRT	HNO.							0, 1, 2, 0,		REG. NO)		
1. N (Type	AME OF DEC		LADYS	TAYL	OR	(BOOTH)	2. DATE OF DEATH	Knawn 🖾 Estimated 🗆	Manth May	Day 3,	Year 1969	Hour	М.
ULL	Lyr OF		RYLAND W AU HUSEMA 69 DRIOCA			ENDED		JNCED DEAD	Month May	Day	1969	The second secon	P _{•M.}
ORIF	NOITUTION	654 Do	ver Str	eet		6-2-69	A. STATE	esidence (Where		ed. If instituti B. COUNTY		before odmis	sian)
6. SE	X	7. RACE		8. MARR	IED 2	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		-
	emale	Negr		WIDOV				altimore			YES X	NO 🗆	
	-13 - 19		10. AGE (In lost birthday)		der 1 Yr. If Under 24 Hrs. Is Doys Haurs Min.		54 Dover	Street				
	RTHPLACE(S				_ JW	TIZEN OF	13. FATHER		50-000				
14A.L	JSUAL OCCUI	PATION (Giv orking life, ev	e kind of work	4B. KIND		USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
16 V	Domes VAS DECEASE		U.S. ARMED	FORCE	52	17. SOCIAL	Mili				ADDRESS		
	no ar unknawn) NO					SECURITY NO.		Funera	1 Home			v st.	
11	-	. / .				CAUSE OF DEAT		41.02.4	2 110			PPROXIMATE IN	
	DISEASI	OR COND	ITION DIREC	TIV		Arterios	cleroti	cardiov	ascula	r dise		WEEN ONSET A	ND DEATH
		EADING TO	DEATH			(A)IMMEDIATE C		cute pyel	onphrit	tis			arvarior darma danada apama ma a
	heort failure,	asthenia, etc	made of dyi . It means the ch caused deo	disease,		DUE TO, OR A	S A CONSEQ	UENCE OF:					
				,			-						
	DISEASES C	R CONDITI	ONS, IF ANY	GIVING		(B)	AS A CONSE	QUENCE OF:					
z	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE		(c)				*********************			V
암			II										5
CERTIFICATION	TO THE DEA	TH BUT NOT	NDITIONS CO RELATED TO GIVEN IN PA	THE TERM	INAL	Arterioscle	rotic c	ardiovasc	ular d	isease			
CER.	OA. DATE OF	OPERATION	N 20B. CON	IDITION	FOR V	WHICH OPERATION WA	S PERFORM	ED			21. AUT	Mes	r No)
잉	2A. EXTERNUMBERLYING		TRIB-		22B. Pl hame,	LACE OF INJURY(e.g., form, factory, street, affice	in or about 2 bldg., etc.)	2C. WHERE DID	(If in Baltimar	e City, give e	exact lacation)		
	DF INJURY		Day) (Year) (Hav		E.INJURY OCCURRED	WHILE -	2F. HOW DID IN	JURY OCCU	JR?			
	(APPROX.)				m. W			Lace Jr.					
		ify that I h	eld on Ir	quiry [Inspection Au	opsy X	ond that on th	his basis,	deoth in m	y opinion		
	result	ed from: N	lotural cous	ses X	As	cident Suicid	e Ho	omicide 🔲	Undetermin	ned monner			
	ACTUAL	0	1 /	3	7) to		CHIEF MEDICAL E				DATE SIGN	NED
	SIGNATU EXAMINE NAME (T	R'S C	harles	S. S	pri	ngate, M.D.	ASSC	CIATE MEDICAL E	XAMINER		May 4,	1969	
REM	BURIAL CREA	MATION, 2	24B. DATE 5-12-0	50		NAME of CEMETERY	or CREMATO		LOCATION		wn, or county	(Sta	te)
	DATE REC'D					Rose Hill OF REGISTRAR	25C	LL UNERAL DIRECTO	nden,	N.J.	ADDRESS		
254.	DATE REC D	J. HEALIN	969)	J, KEOIJIKAK		nith Fun		Home		beth	. N.
V 5 3 1	51 PEV 1/1749			1		90 3	Pade	A 13 f	1				

Letter from M.E. S office

6-2-69

CERTIFICATE AMENDED

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0 0

W	5201	
	50050	BIR

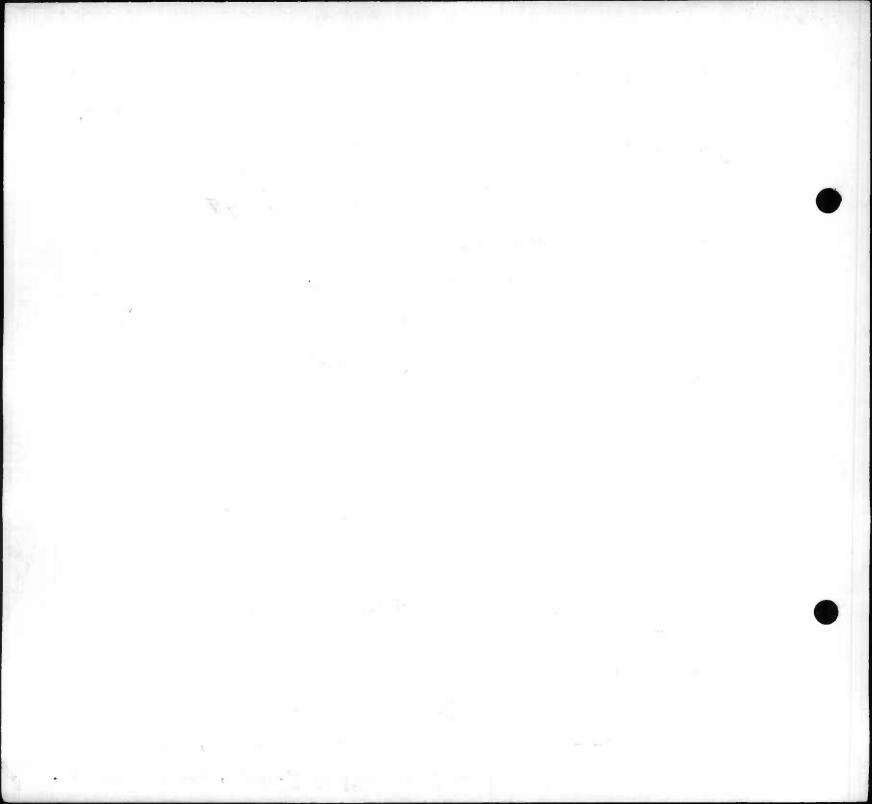
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY HEALTH DEPARTMENT
69	4647	CERTIFICATE OF DEATH

REG. NO.	69	4647

BIRTH NO. 69 4647 CERTIFICA	ATE OF DEATH REG. NO. 05 4047
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
WEEMS NANCY VEANETTE	MAY 4, 1869 - 5 15 AN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	BALTO YES NO
UNIV. HUSPITAL	E. STREET AND NUMBER
	44 S. KOSSUTH ST. 21229
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
C WIDOWED DIVORCED	1 406 6 - 1421 117
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife MArried	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1/1/2 - 121 - 1/1/	A A A A A A A A A A A A A A A A A A A
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor or doles of service] 16. SOCIAL SECURITY NO.	NANCY - NEIL
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
217-22-8462	Ernest T. Weems uns Kesselth
18. 174 X I CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., DUE TO, OR AS	USE CARCINOMA OF BREAST 2 YORN
II I mean monate, astricture, etc. it titeatte mie aleedes	A CONSEQUENCE OF:
injury ar complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL I DISEASE OR CONDITION GIVEN IN PART 1 (A)	PROFESSIONAD CONTRACTOR OF TRACTOR CONTRACTOR CONTRACTO
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21& PLACE OF INJURY (e.g., home, farm, loctory, sheet, or contribution)	in ar obout 21 C. WHERE DID (II in Baltimore City, give exoct locotion) lifice bidg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Not While At Not Whi	le []
22. I certify that (I) (this hospital) attended the deceased from	
that (1) (we) last saw the deceased alive on MAY	1 6
	The second of the second of the second
and haur and fram the causes stated above. (1) (We) (did) (did not)	riew the bady after death.
0 40	23B DATE SIGNED
DEGREE Phy	ending Med. Staff Mrs. Director Phys. Mrs. 1969
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
RUNALD S. POTOTSKY M.D. DEGREE	UNIVERSITY HOSP BRIDE MAN
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5-8-69 Baltimore Nat	
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 6 1969 (R.D. & East alo	Charles . Law , 802 Madison Ave.

VS 150-REV. 1/1/68



VS 151-REV. 1/1/68

69 4648 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

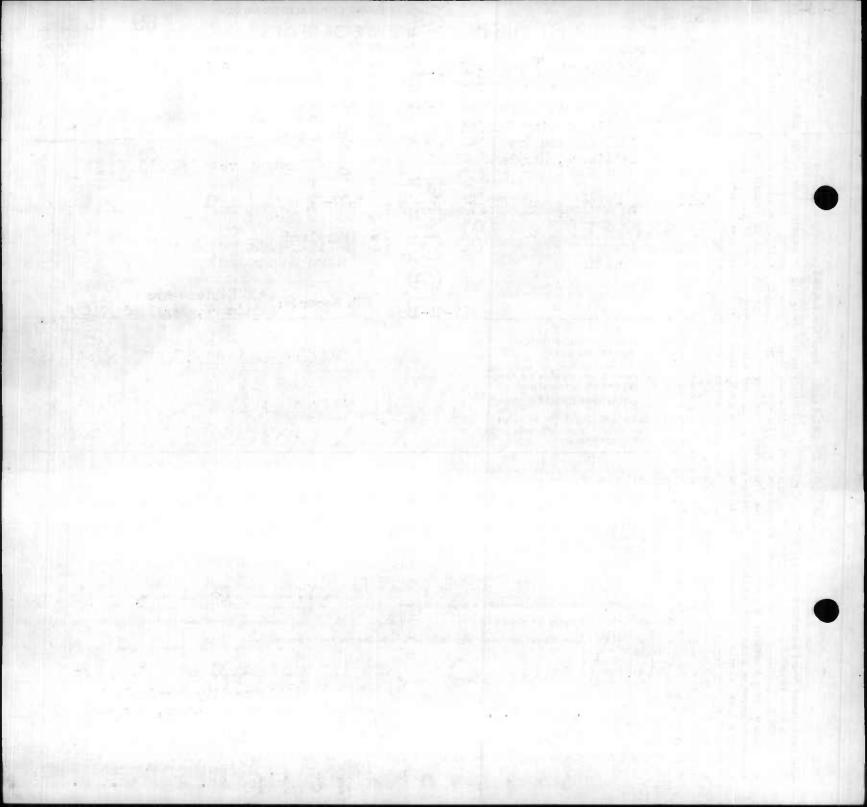
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4648
1. NAME OF DECEASED (Type or Print) WILLIAM ROBERT MILLER	2. DATE Known A Month Doy Yeor Hour OF DEATH Estimoted May 4, 1969 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Yeor Hour May 4, 1969 8:15 A. M.
University Hospital (DOA)	A. STATE Maryland B. COUNTY B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO
	. E. STREET AND NUMBER
11. BIRTHPLACE (State or foreign country) Elizabeth City N C WHAT COUNTRA?	13. FATHER'S NAME Robert Miller
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yestyne gynknown) (II yes, lave wall or dotes & Qervice) 17. SOCIAL SECURITY NO.	18. INFORMANT Mrs Martha Miller, same
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A)IMMEDIATE DUE TO, OR	SClerotic cardiovascular disease CAUSE AS A CONSEQUENCE OF: CAS A CONSEQUENCE OF:
D 2000 BATE OF OFERATION WHICH OFERATION W	Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) WHILE AT WORK NOT WORK M. WORK	T WHILE WORK
_ ^ _	de
REMOVAL (Specily) Burial 5/9/69 National (
25A. DATE REC'D BY HEALTH DEPT. MAY 6 1969	Adolphus Halstead 1206 W North AV

the self-of-the self-of-the Manhorn City II C V E X Hobert Millan Mrs Martin Maller, date .

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

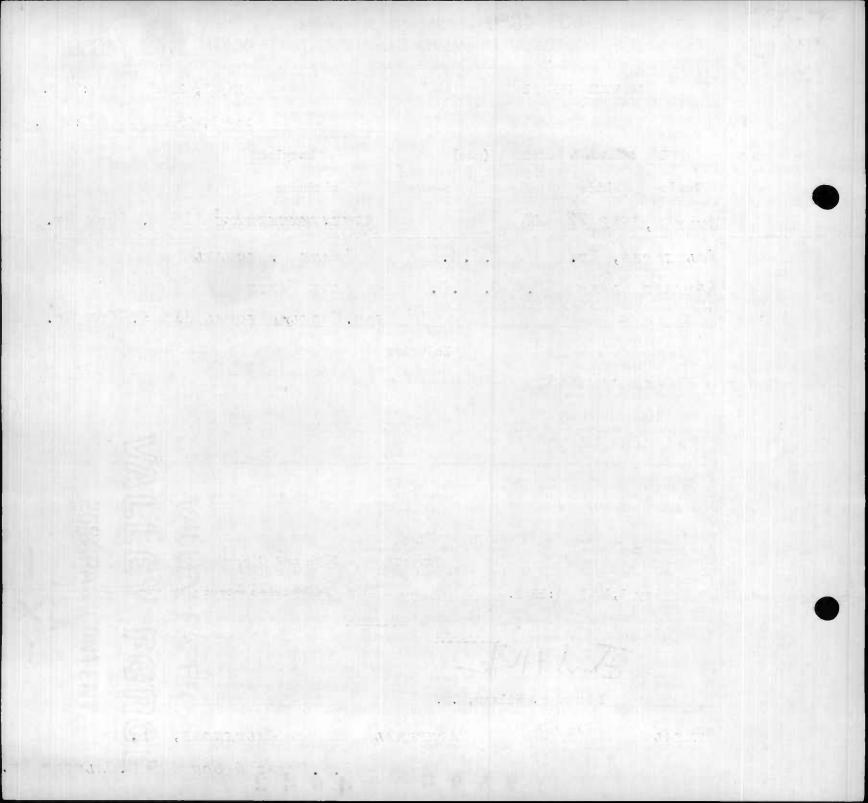
VS 150-REV. 1/1/68

5-4:	3)		BALTIMORE CITY	HEALTH DEPARTMENT	Т	CO ACAO
-	69	1 46	649 CERTIFICA	TE OF DEATH	H REG. NO	69 4649
BIRTH NO.	E OF A SED				AND HOUR OF DEAT	н
(Type or Print)	2 chults,	TPE	DERICK		5/2	69 1 8 P A
3. PLACE IN B	ALTIMORE MARYLAND	WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSP	ITAL OR IN	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN		7-09
NSTITUTION	Baltimore C:			10 to	D. 11	NSIDE CITY LIMITS?
21	4940 Eastern	-	D D D D D D D D D D	Baltimore		YES X NO
1	Baltimore, 1		nd #21224	1306 Harfo		1213
5. SEX	6. RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	White	WIDOV	VED DIVORCED	5-27-87	81	30,0
OA. USUAL OC	CUPATION (Give kind of wo		OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
-	of working life, even if retired tired)		Manual and		TIEL A
3. FATHER'S N				Maryland 14. MOTHER'S MAIDEN	NAME	USA
	Schultz			Mary (Un		
				*		
es, no or unkno	ed Ever in U. S. Armed F wn) (If yes, give wor or do	orces? ites of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	940 Eastern	Ave
No			219-03-5952	HILL ROCOPCIO	altimore. Ma	
18.	6 0 1		CAUSE OF DEATI			APPROXIMATE INTERVAL
DISE	ASE OR CONDITION D	DIRECTI V		\cap	\wedge	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		A THE CALL	- (101 k) 100	our thro	A D1100018
(This daes	nat meon the mode	of dying,	e.g., QIMMEDIATE CAU	A CONSEQUENCE OF:	out vitros	JN Oraces.
	e, asthenia, etc. It mear amplication which cause		ase,			
injury at c	ANTECEDENT CAUSE		100	0	1000	
			(8)	LIMME	Pust-	
	OR CONDITIONS, if the above cause (A			A CONSEQUENCE OF:	De0000-1-	m Slavino
	NG CONDITION last.	, slutting	(c)	(YC	overell	le - ones
	11					
O THER SIGH	NIFICANT CONDITIONS C	ONTRIBUTI	NG			
TO THE DE	ATH BUT NOT RELATED TO	THE TERMIN	NAL			***************************************
	OF OPERATION 198. CO	NDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED
	WAS PE	RFORMED		No	IN CERTIFIENCE	CAUSES OF DEATH!
21 A. ACCI	DENT WAS UNDERLYING		21 B. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DI	D (If in Boltin	nore City, give exoct location)
DEATH (no	tify medical examiner)		home, form, foctory, street, of etc.)	ince bidg., INJURY OCCU	K!	
21 D. TIME	(Month) (Doy) (Yeo	e) (Hove)	21 E. INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
OF INJURY	(**************************************		While At Not While		INJURI OCCUR.	
(APPROX)			Work At Work		10	
22. I certi	fy that (1) (this haspit	al) attend	ed the deceased fram	2/6	19 67 to	5 2 1969
	re) last saw the decea		-11	19 6 an		pinian death accurred an the da
-			e. (1) (16) (did) (410 (mer) v			
23A JIGNA		7.60 000	or (-) wgg/ (did) (dids/let) v	tow the body offer dec	41110	23B. DATE SIGNED
Th			Atte	nding Med.	Staff	110
M	MOTOT	UU	DEGREE Phys	i. Director L	Phys.	5/2/61.
23 C. PHISIC				23D. ADDRESS Balti	more City Ho	spitals
U	John S. Col	hen M	D.			
4A. BURIAL C	REMATION, 248. DATE	24	C. NAME of CEMETERY of CRE	MATORY 24	D. LOCATION	e, Maryland #21224 (City, town, or county) (Stote)
Buria	1 5/6/	69	Baltimore Cem		Baltimore,	
			ME OF REGISTRAR	2SC. FUNERAL DIREC		ADDRESS
SA. DATE REC	AY A 1969	ZJO. NA	O A C			Funeral Home, I
0.01	THE PARTY OF THE P	1 1	The same and the s			



M-240

by 4500 baltimore city hea		
MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO.S.	3 4650
NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
ype or Print) LORETTA MICHAL	OF DEATH Estimoted May 1, 1969	4:29 P. M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD May 1, 1969	4:29 P.M.
OSPITAL ÀDDRESS OR LOCATION) R INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution:	
	A. STATE B. COUNTY	11-03
	Maryland C. CITY OR TOWN D. INSIDE CIT	V IMITS?
MARKIED LIVEVER MARKIELI	D = 1 4.5	
MIDOMED DITORCED	Baltimore YES	s No No
Inst birthdoy) Months Doys Hours Min.	######################################	05 0
TITLY 9. 1891 // ALD	Alox Exapor in Avenue 110 E	. 25тн Sт.
WHAT COUNTRY?	13. FATHER'S NAME	
RAI, TIMORE MD. U.S. A.	FRANK C. MICHAEL	
A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
RETIRED CLERK B.& O. R.R.	MARY TANTZ	
. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.		DRESS
s, no of dikilowing the yes, give wor or doles of service)	ISS. CECILMA MICHAL 116	E. 25TH ST.
19. CAUSE OF DEATI		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Injuries		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
(A)IMMEDIATE CA	AUSE S A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	S A CONSEQUENCE OF:	
miles y or complication when cooled desirely		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING TO, OR A RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		ST LONG BY
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED	21. AUTOPSY? (Yes or No)
		770.0
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in	n or obout 22C. WHERE DID (If in Boltimore City, give exoc	yes yes
	in or obout 22C. WHERE DID (If in Boltimore City, give exocolog, etc.) INJURY OCCUR?	9-04
UTING CAUSE OF DEATH. Streets 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	28th and Greenmount	
OF INJURY	0/	
	Pedestrian struck by bu	ıs
23.		
I certify that I held on Inquiry Inspection Auto	apsy X and that on this bosis, death in my	pinion
resulted from: Notural cousesAccident** Suicide	e Hamicide Undetermined manner	
7 17/1	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 5	5/2/69
NAME (Type) Edward F. Wilson, M.D.		
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	or CREMATORY 24D. LOCATION (City, town,	, or county) (State)
EMOVAL (Specify)	2	
SURTAL 0/0/09 (JATHEDRA) 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		Desce
1000	25C. FUNERAL DIRECTOR AE	JUKE22
MAY 6 1969 R. Quit E. Sanber	M. W. MEARS & SON 805	N. CALVERT S
5 151-REV. 1/1/6B	0 4 6 4 8	



		00	10	BALTIMORE CITY	HEALTH DEPARTMENT	. ,	00 1051
		0.5	46	OL CERTIFICA	TE OF DEATH	REG. NO.	63 4651
BIRTH				CERTITION			
	OF DECEA	/		11		ND HOUR OF DEATH	- 11
1.750		KILIAN	,	HOWARD	U. MA	144,196	9 1:30 PM
3. PLA	ACE IN BALTI	MORE, MARYLAND, V	VHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	nstitution: residence before admission)
HOSPI	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INST	ITUTION, GIVE STREET	C. CITY OR TOWN		CO. 53 OC
140.	MION	MEMOR	AL)	40501TAI	BALTIMORE E. STREET AND NUMBER	5 36	YES NO NO
						DGE ROAD	- 🕭
5. SEX	6	RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
1	M	W	WIDOWE	D DIVORCED	3-13-1915	last birthday	Months Doys Hours Min.
		ATION (Give kind of wor orking life, even if retired)	k 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
adne d	5LORI		F	10 RIST	MARULAI	VA	U.S.A.
13. FA	THER'S NAMI		1 4	701131	MARULAN 14. MOTHER'S MAIDEN NA	ME	
	TOP	4N KIC	LIAN		PAULINE	E MEIC	5R
15. Wa	s Deceased E	ver in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
N		If yes, give wor or dat	es of service.	SECURITY NO.	PATIEN	YT	
1B	. 2 4	091		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE	OR CONDITION DI	IRECTLY				BEIWEEN ONSET AND DEATH
	L	EADING TO DEATH		(A) IMMEDIATE CAL	ISE CARDOGE	NIC SHO	ock
		mean the mode of		DUE TO, OR AS	A CONSEQUENCE OF:		
		sthenia, etc. It meons licotion which coused					
	At	NTECEDENT CAUSES	s	ATERI	OSCLEROTIC A CONSEQUENCE OF:	HEADT DO	CEACO.
0		CONDITIONS, if		(B) DUE TO, OR AS	A CONSEQUENCE OF:	7040	
		above cause (A)		-			
U	NDERLYING	CONDITION lost.		(c) D/A/O	ETES MEL	4145	
		11					
		ANT CONDITIONS CO			ROSCLEROS	10	
ATI		BUT NOT RELATED TO '		10071	7403CB7CCS	<u>/_></u>	
을 19		PERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ERTIFIC		WAS FEE	NI ORIVILD				
0 21	R CONTRIBUT	WAS UNDERLYING [ING CAUSE OF	h	1B. PLACE OF INJURY (e.g., i ome, form, factory, street, o ic.)	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct location)
21	D. TIME (Month) (Day) (Year)	(Hour) 2	E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
5	FINJURY			Vhile At Not While	e C		
(A	APPROX.)			Vork At Wark			
				the deceased fram	4-18	19 69 to 5	- 4 19 EG
th	nat (I) (we) I	ast saw the deceas	ed alive an	V-4-	19 69 and 1		inian death accurred an the date
ar	nd haur and	from the causes sta	ated abave.	(1) (We) (did) (did nat) v	iew the bady after death.		
	A. SIGNATUR						23B, DATE SIGNED
	Ch,	KRAN T	Que	Dean Mid. Atte	ending Med. Director	Staff Phys	V-4-0-9
23	C. PHYSCIAN	. 10	-	DEGREE	23D. ADDRESS	Phys.	, , ,
23	NAME (Typ	e)					11-00-
	U			OEGREE	UNION MI	SHORIAL	HOSPITAL
24A. E	BURIAL CREM	ATION, 24B. DATE	24C.	NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (State)
1	Burial		969 P	arkvijā de emet	erv	arkville	Balto. Md
25A. [Y HEALTH DEPT		OF REGISTRAR	2SC. FUNERAL DIRECTO		Palto. Md
		AI 6 1369	Male	I Galley "	1.1		Ol Belair Road 2123
	0 DEV/ 1/1/4D		10.0	5 4 11 0 0	1 0 · U	T OF HOME IT	OE DOEGLA NOGG LACE

COUCH NEWCHER HOSPINA

JOHN KILIAN

FLOORIST

3-13-1915 67

DWATCHAN

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SECTION CAPE

PRULINE MEICK

FFOR RUBBEROND BO

PATIENTY

CARDOGRAME SHEEK

ATERNOSCIENZOTTO HENET DOORS DIABETES MELLITUS

Example School 2

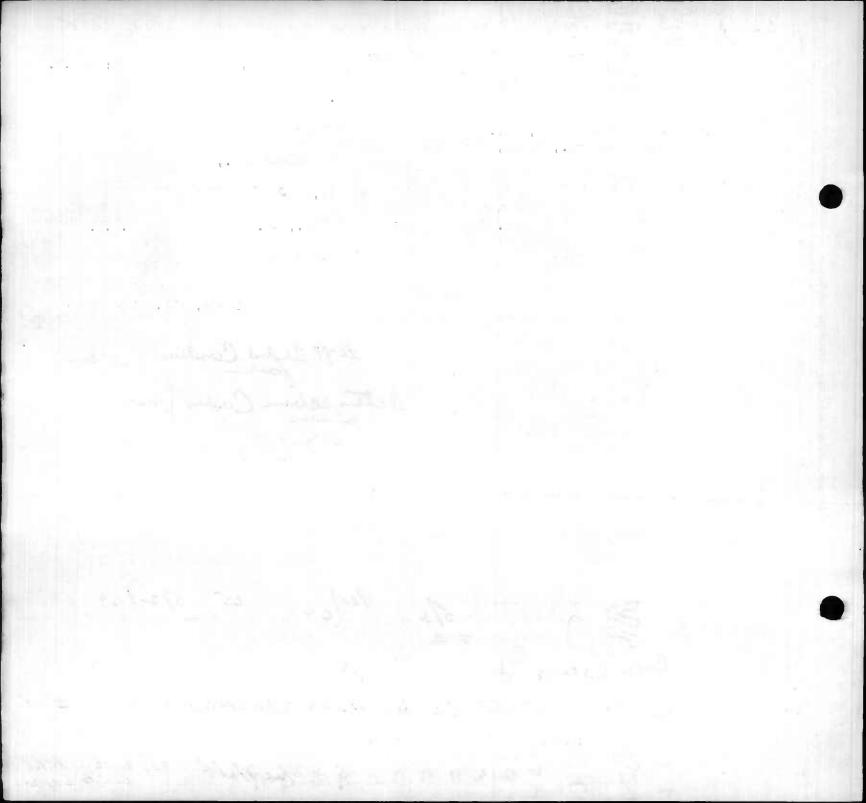
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 1	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	er	2:5	0.0	15 e	5
	SC	3	S	ec	***
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BIRTH NO.		20 2 2 2	BALTIMORE CITY			La Carlotta de la Car
BIRTH NO.	00	465%	CERTIFICA	TE OF DEATH	REG. NO	69 4652
NAME OF DEC	TA COD		CERTITOR		NO HOUR OF BEATI	
Type or Print)	Miss A	nna Eliza	abeth Stiegle	May	2,1969 @	5:30 P.M. N
	LTIMORE, MARYLAND, V			A. STATE B. COU	ere deceosed lived. If i NTY	institution: residence before odmission)
ULL NAME OF	(IF NOT IN HOSPIT	ATION)	ION, GIVE STREET	C. CITY OR TOWN	ID IN	SIDE CITY LIMITS?
Hood Con	valescent Hom	e. Inc.		Baltimore	D. 114.	YES NO
	ondson Ave.,		1/21229	E. STREET AND NUMBER		11.5
ערעע עדעע	01143011 14404,	Da.200, 12	1, 2227	4206 Roland	Ave.	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	In AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F	W	WIDOWED	DIVORCED _	May 11,1870	lost birthday)	Months Doys Hours Min.
		1		11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)	Apt. He	ome Owner & Operator	Balto., Md.		U.S.A.
Geo:	rge Stiegler	1		14. MOTHER'S MAIDEN NA Fischer	ME	
	Ever in U. S. Armed Fo		6. SOCIAL	17. INFORMANTeorge	Stiegler (Ne	nhew) ADDRESS
es, no or unknown	(If yes, give wor or dot	es of service	SECURITY NO.	#6 Lake	Circle, El	1. City 21043
1B. / /	2 4		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	G CONDITION last.	stating the	(c)	os.		
OTHER SIGNI TO THE DEA DISEASE OR C	FICANT CONDITIONS CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAI	THE TERMINAL				
OTHER SIGNI TO THE DEA DISEASE OR O	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI F OPERATION [198, CON	THE TERMINAL RT 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
19 A. DATE OF	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI F OPERATION [198, CON	THE TERMINAL RT 1 (A), NDITION FOR W RFORMED 21 B. P	LACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING C.	
19A. DATE OF CONTRIB DEATH (notify)	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 7 CONDITION GIVEN IN PAI F OPERATION 198, CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF	THE TERMINAL RT 1 (A), WDITTON FOR W FORMED 21 B. P home, etc.)	LACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	IN CERTIFYING C	AUSES OF DEATH?
19A. DATE OF	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	IHE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21B. P home, etc.) (Hour) 21E. I While	LACE OF INJURY (e.g., in form, foctory, street, of NJURY OCCURRED Not While	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
19 A. DATE OF	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer) (Month) (Doy) (Year)	IHE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21 B. P home, etc.) (Hour) 21 E. I While Work	NJURY OCCURRED At Not Whill At Work	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING C. (If In Boltime	AUSES OF DEATH? Dre City, give exact location)
19 A. DATE OF THE PROPERTY OF	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	IHE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21 B. P home, etc.) (Hour) 21 E. I While Work	NJURY OCCURRED At Not Whill At Work	21F. HOW DID IN	IN CERTIFYING C	AUSES OF DEATH?
19 A. DATE OF THE OF TH	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer) (Month) (Doy) (Year)	IHE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21 B. P home, etc.) (Hour) 21 E. I While Work	LACE OF INJURY (e.g., in form, foctory, street, of NJURY OCCURRED At Work At Work	21F. HOW DID IN	IN CERTIFYING C. (If In Boltime	AUSES OF DEATH? ore City, give exact location)
19 A. DATE OF THE OF INJURY (APPROX.) 22. I certify that (I) (we	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 7 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner (Month) (Doy) (Year) y that (I) (this hospita)) lost sow the decess	ITE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21B. P home, etc.) (Hour) 21E. I While Work	NJURY OCCURRED At Not Whill At Work	21F. HOW DID IN	IN CERTIFYING C. (If In Boltime	AUSES OF DEATH? ore City, give exect location)
19 A. DATE OF THE PROPERTY OF	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 7 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exomine? (Month) (Doy) (Year) y that (I) (this hospita) y that (I) (this hospita) of from the causes stand	ITE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21B. P home, etc.) (Hour) 21E. I While Work	NJURY OCCURRED At Not Whill At Work	21F. HOW DID IN	IN CERTIFYING C. (If In Boltime	AUSES OF DEATH? ore City, give exect location)
19 A. DATE OF THE PROPERTY OF	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 7 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exomine? (Month) (Doy) (Year) y that (I) (this hospita) y that (I) (this hospita) of from the causes stand	ITE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21B. P home, etc.) (Hour) 21E. I While Work	NJURY OCCURRED At Not While At Work deceosed from (Was (die) (did not) v	21F. HOW DID IN 21F. HOW DID IN 19 57 ond to the body ofter death.	IN CERTIFYING C. (If In Boltime	AUSES OF DEATH? DIE City, give exact location) 12 / 2 / 19 Vinion death accurred on the data
21 A. ACCIDE OF CONTRIB DEATH (notify 19 PROX.) 22. I certify that (I) (we ond hour on 23A. SIGNATI	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examined (Month) (Doy) (Year) y that (I) (this hospital) lost sow the decess and from the causes sta	ITE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21B. P home, etc.) (Hour) 21E. I While Work	NJURY OCCURRED At Not While At Work deceosed from Occurred At Work deceosed from Occurred At Work At Work At Work At Attention (did not) v	21F. HOW DID IN 21F. HOW DID I	IN CERTIFYING C. (If In Boltime	AUSES OF DEATH? DIE City, give exact location) 12
19 A. DATE OF TAXABLE OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on	FICANT CONDITIONS CO. TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer) (Month) (Doy) (Year) y that (I) (this hospital) lost sow the daceose and from the causes sta	ITE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21B. P home, etc.) (Hour) 21E. I While Work	NJURY OCCURRED At Not While At Work deceosed from Occurred At Work deceosed from Occurred At Work At Work At Work At Attention (did not) v	21F. HOW DID IN 19 9 ond t iew the body ofter deoth. Med. Director	IN CERTIFYING C. (If In Boltime	AUSES OF DEATH? DIE City, give exact location) 12 19 19 Vinion death accurred on the data
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DEATH (noiff) 21A. ACCIDE OR CONTRIB DEATH (noiff) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on 23A. SIGNATI NAME (**)	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Doy) (Year) y that (I) (this hospital) lost sow the decess and from the causes state URE AN'S Type) EMATION, 248. DATE	TILE TERMINAL RITI (A). NDITION FOR W IFORMED 21B. P home. etc.) (Hour) 21E. I While Work ATL 16-1- 24C. NAI	NJURY OCCURRED At Not While At Work deceosed from Occurred At Work deceosed from Occurred At Work At Work At Work At Attention (did not) v	21F. HOW DID IN 21F. HOW DID IN 19	IN CERTIFYING C. (If In Boltime IJURY OCCUR? 19 () to	AUSES OF DEATH? DIE City, give exact location) 12 19 19 Vinion death accurred on the data
TO THE DEAD DISEASE OR CONTRIB DEATH (notify) 21A. ACCIDE OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on 23A. SIGNATI 23C. PHYSICIA NAME (**) 24A. BURIAL CRE REMOVAL (**)	FICANT CONDITIONS CO. TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Doy) (Year) y that (I) (this hospital) lost sow the decess and from the causes state URE AN'S Type) EMATION, 248. DATE	TILE TERMINAL RITI (A). NDITION FOR W IFORMED 21B. P home. etc.) (Hour) 21E. I While Work ATL 16-1- 24C. NAI	NJURY OCCURRED At Not While At Work deceosed from DEGREE Physics NOT WHILE At Work Company (did not) v DEGREE Physics Attention of CEMETERY or CRE Solan PK. Ce	21F. HOW DID IN 22F. HOW DID IN 23D. ADDRESS 24D. 25C. FUNERAL DIRECTO	IN CERTIFYING C. (If In Boltime JURY OCCUR? 19 () to	AUSES OF DEATH? DIE City, give exact location) 2

BALTIMORE CITY HEALTH DEPARTMENT



1	69 465	- 0	HEALTH DEPARTMENT	1/	60 4050
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	69 4653
	NAME OF DECEASED	11-11-1	2, DATE	AND HOUR OF DEATH	1 1010 11-0
	Carl MARYLAND, WHERE PRONG	UNCED DEAD	4. USUAL RESIDENCE (W	here deseased lived. If	Institution; residence before admission)
11			A. STATE B. COI	YTY	F A
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION)	TUTION, GIVE STREET	Maryland c. CITY OR TOWN	Baltimor	re 33-66
Įľ.	15 1/	, ,	_Baltimore	D. 114	VISIK NO X
	MIRRON HOSB	ital	E. STREET AND NUMBER	M. 111	
1	SEX 6. RACE 7. ALEDRICO		503	Middle	Miver Rd.
	MARRIED		8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hours Min.
1	Male White WIDOWED OA. USUAL OCCUPATION (Give kind of work 10 B. KIND O		8-7-1904 11. SIRTHPLACE (Stote or fo	64	
d	one during most of working life, even il retired)			reign country)	12. CITIZEN OF WHAY COUNTRY?
	Pressman Newspa	aper	Germany 14. MOTHER'S MAIDEN N	AAAE	USA
	Carl Max Hen	nia	Ludwi		Dogobles
1.	Was Decembed Even in 11 S Amend Former	11 6. SOCIAL	17. INFORMANT	WG.	Reschke
0	es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.		2011 6	
_	186.	CAUSE OF DEATH		3011 Center	Drive Ellicott City
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(ANIMMEDIATE CAU	SE MUDICARDINI I	- faction	acute 1+5.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	COMSEQUENCE OF:	w la lee lee le	
	injury or complication which caused death.)		() -	/ / 5	
	ANTECEDENT CAUSES	(B) A.S.C.	H.D. E POST	he of myoci	ordia/
	DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENÇE OF:	STARestion	
	UNDERLYING CONDITION last.	(c)			
64	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATTON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************************			
		WHICH OPERATION	20A. AUTOPSY? (Yes or I	o) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CEDTIEIC	WAS PERFORMED		YES.	IN CERTIFYING CA	AUSES OF DEATH? VES
	OR CONTRIBUTING CALLER OF	PLACE OF INJURY (e.g., in e., form, foctory, street, alf	or obout 21 C. WHERE DID	(If In Boltimo	re City, give exoct location)
MEAN	DEATH (notify medical examined etc.				
AFPI	OF INJURY (Month) (Doy) (Year) (Hous) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROX)	rk L Al Work			
	22. I certify that (i) (this hospital) attended t		5-1	19 64 to	5-1 1969
	that (1) (we) last sow the deceased offve on		19_69ond t	hat In (my) (our) op	Inion death occurred on the date
	and hour and from the causes stated obove. (8) (We) (did) (did not) vi	ew the body ofter deoth		
	1 1 1	my Atten	ding 🖂 Med 🖂	SI-# D /	23B, DATE SIGNED
	23C PHYSICIANS	DEGREE Phys.	Director L	Shaff Phys.	5-2-69.
	23 C. PHYSICIAN'S NAME (Type	2	BD. ADDRESS		
24	A. BURIAL CREMATION, 248, DATE 124C.NA	DEGREE			
	REMOVAL (Specify)	AME OF CEMETERY OF CREA			ity, town, or county) (Stote)
25		odlawn Ceme		Baltimore, M	
	MAY 6 1969	64.92 BUDA	25C. FUNERAL DIRECTO		ADDRESS
L	150-REV. 1/1/68	0 7 0 0	Armacost Aur	eral Chapel	l-4600 Liberty Hts

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BALTIMORE	CITY	HEALTH	DEPARTMENT

69 4651

*	t)	3 .465	4 CERTIFICA	TE OF DE	EATH REG.	NO	400 1
BIRTH NO.	CEASED			0. 0.	2. DATE AND HOUR OF	DEATH	
(Type or Print)		Danage					120 15 2
	ir. Claude G.		CCD DEAD	TA HISHAL DESIG	PENCE (Where deceased in	1969	n: residence befere edmissien
S. PLACE IN BA	CHINORE MARIEAND, V	WHERE PRONOUN	CED DEAD	A. STATE	B. COUNTY	veda (i ilisilione	0 12
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION	ON, GIVE STREET	Marylan			7-00
HOSPITAL OR				C. CITY OR TOW		D. INSIDE CIT	
GI	Jenkins Me		spital	Baltimo		YES	X NO
//	1000 Caton		03.000	E. STREET AND			
	Baltimore,		21229		t 34th Street		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	lest birthday	eers If U	nder 1 Yr. If Under 24 Hrs ths: Deys Hours Min.
Male	White	WIDOWED X	DIVORCED	Sept. 18		4	
	CUPATION (Give kind of wor of werking life, even if retired)	k 108. KIND OF BL	ISINESS OR INDUSTRY	11. SIRTHPLACE	(State er foreign country)	12. 0	CITIZEN OF WHAT COUNTR
Supervi		XXXXXXX	X Laundry	Virgini	a. Norfolk	102	U.S.A.
13. FATHER'S NA		300 11110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14. MOTHER'S A			O + D + II +
4774	Decree			2 0 2			
Allison				Gorley		- 10 3	
(Yes, no or unknew	ed Ever in U.S. Armed Fo		SECURITY NO.	17. INFORMANT		199	ADDRESS
Wesown	WWI	2	5-03-5090	Jenkins	Memorial Hos	pital 1	000 Caton Aven
18. 14 0	EYYE	XX4X	CAUSE OF DEAT				APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DE	RECTLY	2		4		SETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAL	JSE	Urenia.		6 miles
	not mean the mode of a, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE	OF:		
	omplication which caused						I VIII OT TAIL
	ANTECEDENT CAUSES	s C.	acton	slav no	who odoero.		YEALS
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENC	eleo sderege	24	
	the above cause (A)	stoting the	10 .01			BEOM	10019
UNDERLYIN	NG CONDITION last.	1	(c)/	U CUEZO E	rescured of		XECC
z	ll l	=\	/ b.		, ,		1
	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO		1 foract	auc. ri	glo Lune	0.03	IWA.
	CONDITION GIVEN IN PA	RT 1 (A).					IGS CONSIDERED
O SERTIFIED		REDRINED	ICH OFERATION	ZOAL AUTOFS	IN CERTIFY	ING CAUSES	OF DEATH?
W 21 A. ACCID	ENT WAS UNDERLYING	218 81	ACE OF INJURY (e.g.,	in or about 21 C W	HERE DID #6:	Roltings City	give exoct (ecation)
OR CONTRI	BUTING CAUSE OF	heme,	form, factory, street, e	fice bldg., INJURY	OCCUR?	r bonnier & City,	V +
U	ify medical exeminer)	Da		100al V	Textins /1eu	corral	rospital.
OF INJURY	(Month) (Doy) (Year)		JURY OCCURRED	21F. HC	ow DID INJURY OCCUR	d while	e reaching to
(APPROX.)	4 77 69	S45 While Werk	At Net While At Work	e It	In wastra	15	
22. L certif	fy that My (this haspita	I) attended the			- 8 19 68 to		8/2 1969
	e) last saw the deceas		CA	1 196 9	and that in (my) (owe) aninian a	death accurred on the da
						parey aprillari c	dealli accorred on the ad
	nd from the causes sta	ited abave. (#)		view the bady a	fter death.	loop I	DATE CICNED
23A. SIGNAT	A A	211	M.Pan	ending M	ed. Staff	236. 1	DATE SIGNED
His	Raymond	rea	DEGREE Phy	rs. Di	recter Phys.		1/2/69
230 HYSIC NAME			M.D	23D. ADDRESS	,		11
5.	Raymond	Har	40	Jeu	trius Meni	26101	Hospital
24A. BURIAL CE	REMATION, 248. DATE	24C. NAM	E ef CEMETERY er CR	EMATORY	· 24D. LOCATION	(City, tow	rn, or county) (Stete)
Puria]	May 6 1	969 Nov. C	athedral Cer		Dalle		
		TO MAN O	amenial cel	Marcia	Baltimore	Marvole	nd

2SC. FUNERAL DIRECTOR

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH

258, NAME OF REGISTRAR

John & Moran Inc.-3000 E. Baltimore Street

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to death. attendance

was in regular deceased

death kind;

where the physician who pronounced

(3) A fracture of any

shows: (1) An accident of any nature; (2) Body burns;

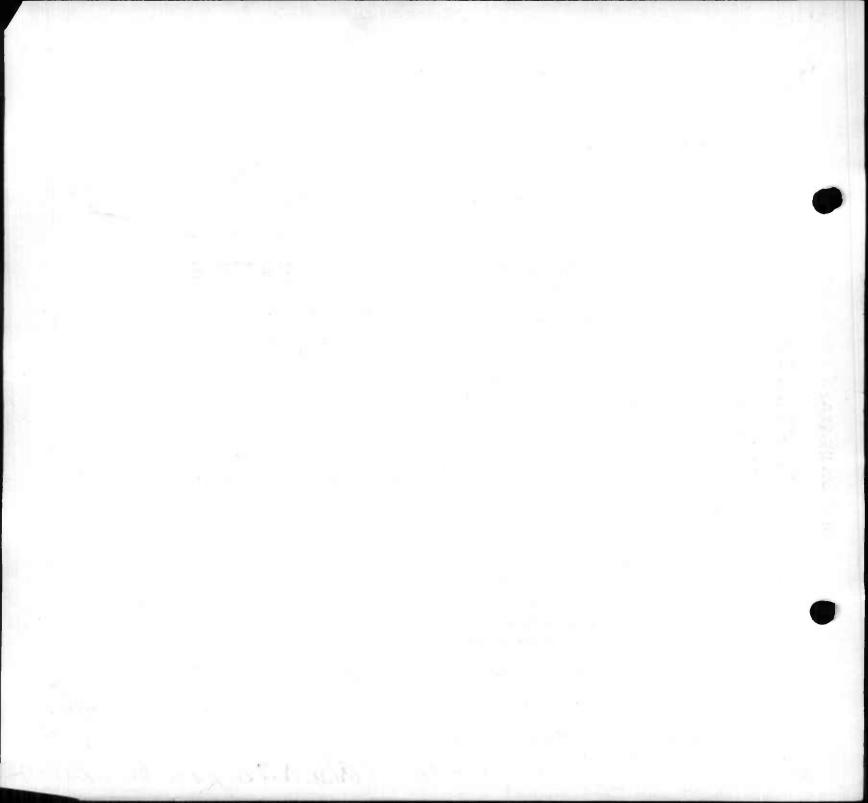
This certificate must be

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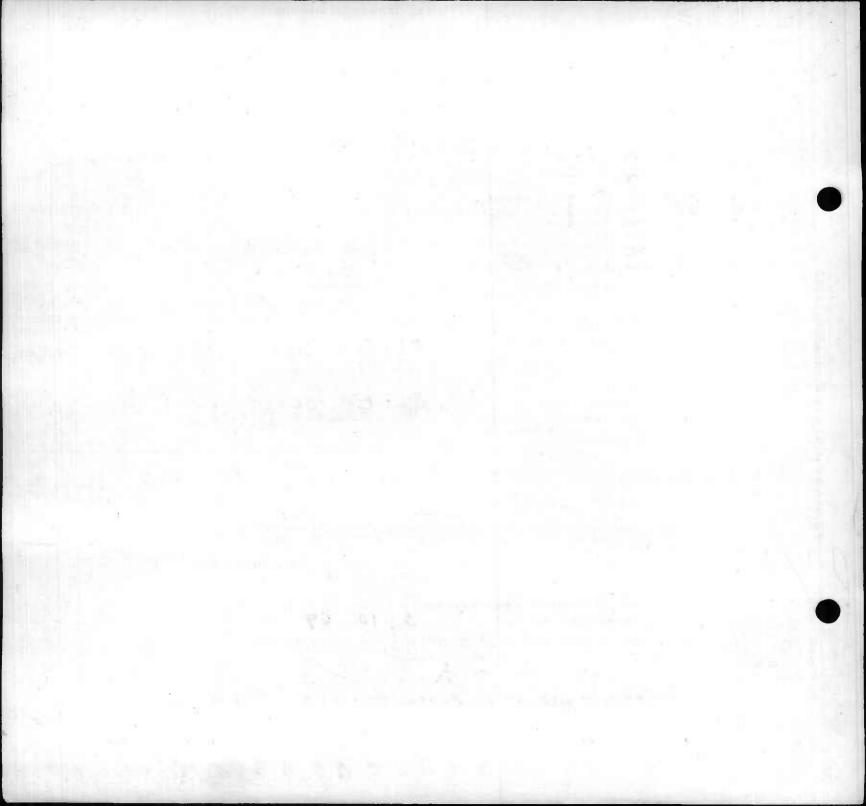
deceased prior to death); was D.O.A. at a hospital written approval must b

	S	BALTIMORE CIT	Y HEALTH DEPARTMENT	69 4655
100	RTH NO.	9 4655 CERTIFICA		1000
(Ту	NAME OF DECEASED (pe or Print) BLASSING &	ME, LEE	2. DATE AND HOUR OF DEATH	1450 A
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admiss
FL	JLL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCALITION)	AL OR INSTITUTION, GIVE STREET	ued -	21-01
IN			1 K- 11 c	CITY LIMITS?
5	State 18 HUTHORE	Ger Hospith	E. STREET AND NUMBER	ES NO NO
1	70		812 RIDGELY SX	
5.	SEX 6. RACE N	7- MARRIED NEVER MARRIED	Here's bloth days	Under 1 Yr. 1 Under 24
104		WIDOWED DIVORCED	10-27- 71 78	
dor	ne during most of working life, even if retired)	INST KIND OF BOSINESS OK INDOSIKE		12. CITIZEN OF WHAT COUN
13.	FATHER'S NAME		SOUTH CAROLINA	USA
	JOHN BLA.	SCINGAME	14. MOTHER'S MAIDEN NAME ZMATTIE	
15.			17. INFORMANT	
(Ye	Was Deceased Ever in U. S. Armed For s, na or unknawn) (If yes, give war or date	s of service) SECURITY NO.	1	ADDRESS
_	18.4 2/91	CAUSE OF DEAT	Land Sessons 81:	
	DISEASE OR CONDITION DIR			BETWEEN ONSET AND DE
	LEADING TO DEATH	(ANIMMEDIATE CAL	USE CUK	1 wuch
	(This does not mean the made of heart lailure, asthenia, etc. It means	the disease, DUE TO, OR AS	A CONSEQUENCE OF:	*******************************
	injury or complication which caused ANTECEDENT CAUSES	death.)		
	DISEASES OR CONDITIONS, if	(B)	A CONSEQUENCE OF:	
	rise to the above cause (A)	slating the	A CONSEQUENCE OF	
	UNDERLYING CONDITION lost.	(c)		
NO	OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING CL	ic real distast	
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1 (A).	e reue current	
CERTIFICATION	19A-DATE OF OPERATION 19B. CONI WAS PERF	ORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
MEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, al etc.)	n or obout 21C. WHERE DID (II in Baltimore C lince bldg., INJURY OCCUR?	lty, give exact location)
AEDI	21D-TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX)	While At Not While	• 🗖	
		Work At Work		

and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Director Stoff Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) BANO. STUTE. DEGREE CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (City, town, (Stotel 25A. DATE REC'D BY HEALTH DEPT. 61 W. Barress 25C. EUNERAL DIRECTOR. 25B. NAME OF REGIST 9 VS 150-REV. 1/1/6B

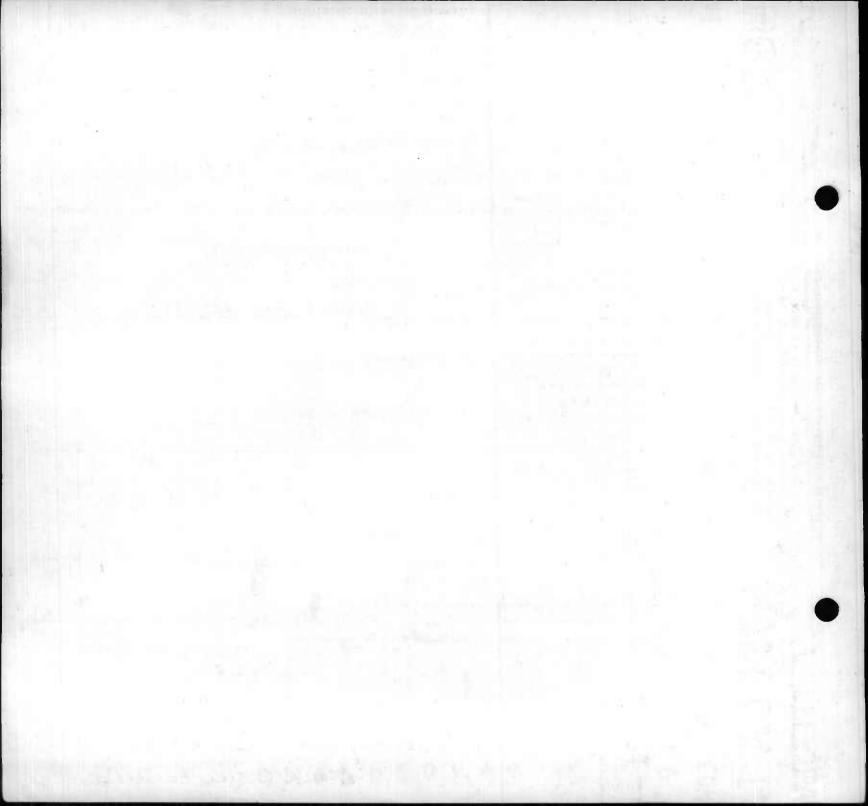


		TIMORE CITY H	EALTH DEPARTMENT		00	4000
R	BIRTH NO. 69 4656 CE	RTIFICAT	E OF DEATH	REG. NO.	69	4605
1,	T. NAME OF DECEASED (Type or Print)	ashine	2. DATE AN	1 - 69		, M.
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE		A. STATE B. COUN	e deceased lived. If inst	itution: residen	ce before odmission)
F	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATION)	VE STREET	Man an	pland	E CITY LIMITS?	3-01
	INSTITUTION		Balt		YES	NO 🗌
	South Baltimore Gene	na petap	STREET AND NUMBER	Hambe	ng s	1
S.	S. SEX 6. RACE 7. MARRIED NEVER	MARKIED			If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
L	WIDOWED X DION, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS	OR INDUSTRY 11	BIRTHPLACE (State or foreign	66	12 CITIZEN C	F WHAT COUNTRY?
	done during most of working life, even if relired)	OK INDOSIKI II	Mari	fland	12. CITIZEN C	WINAT COOKING
1:	Thomas Hicks	14	Sessie	Cham	ber	0
15	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIA	RITY NO.	Mary of	eriggs 1	30W	1 Handing
-	18. 4/0.9 1 CA	USE OF DEATH		11		ROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MYC	CARDIAL	INFAR	TION	UNKNOW
	(This does nat mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	,,,,,,,,		
	injury or camplication which caused death.)	11-	2416616		1	Liel Kilon.
	ANTECEDENT CAUSES (B)	ADY !	CONSEQUENCE OF: DE	COVIC		UNTROW
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)		CONSEQUENCE OF: DI	OCASE		
	7 11	N .				
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	DIAB	UVES 1	4 BULLY	5	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OF WAS PERFORMED	ERATION	20A. AUTOPSY? Yes or No.	208, IF YES, WERE FI	NDINGS CON SES OF DEAT	ISIDERED H?
	U 21A. ACCIDENT WAS UNDERLYING 218 PLACE O	F INJURY (e.g., in octory, street, offic	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exo	ct locotion)
1	OF INJURY (APPROX.) Option Continue C	Not While At Work	21F. HOW DID INJU	URY OCCUR?		, ,
	22. I certify that (1) (this hospital) attended the decea	711 710111		96610	.5	11/19 69.
	that (I) (we) lost saw the deceased alive on	3/1	/	at (n(my) aur) opfn	ion death of	curred on the dote
	and hour and from the couses stated obove. (1) (We) (d	d) (did not) vie	w the body ofter deoth.		238. DATE SIC	ONED /
	(Johns Butter &	Attend Phys.		Staff Phys.	51	4/69
	23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS Pr	ARK HE	16/19.	S AVE.
2	REMOVAL (Specify) A	DEGREE EMETERY OF CREM	ATORY 24D. LO	CATION 374	to war, or col	mry) Z (State)
	Bural 5-5-69 ark	ulus	Mem PK Cin	bulus	M	9
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTI	1 Deg	250 FUNERAL DIRECTOR	, a Rice	6614	Barro
E	VC 150 PCV 1/1/6P		1			517



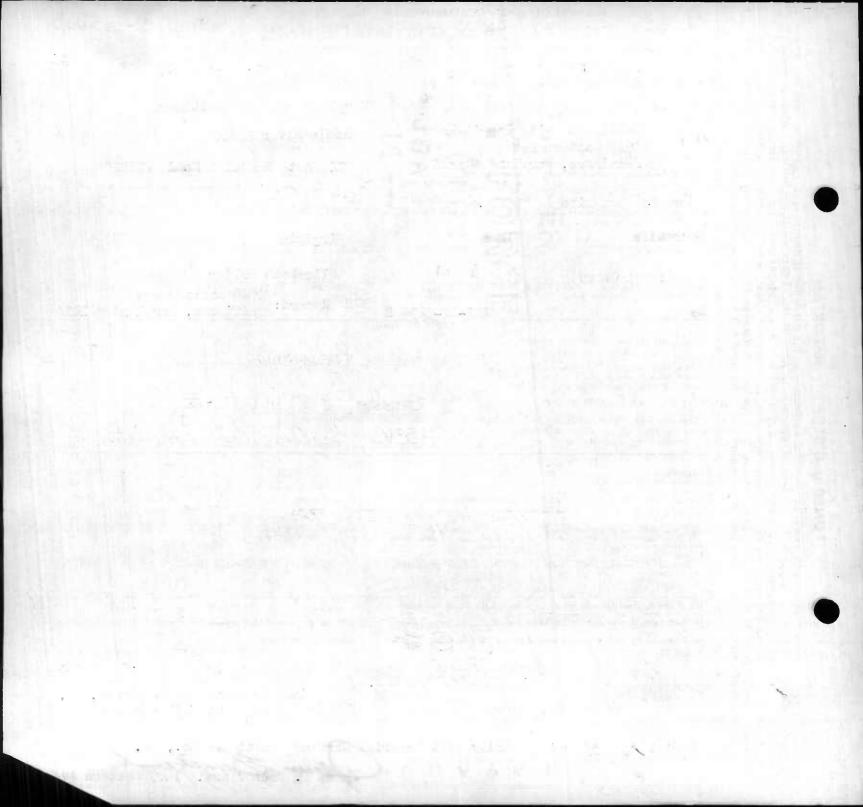
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1 1	64-3327269 4657 BALTIMORE CITY HEALTH DEPARTMENT	
-650	LEPERTHIA GREEN CERTIFICATE OF DEAT	H REG. NO. 03 4007
sed the the	BIRTH NO.	TE AND HOUR OF DEATH
S	(Type or Print) LEPTERIA (9REEN)	an 1,1969 15:40 A m.
Dec e o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, If institution; residence before admission)
(5) I anc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Many and	Baltimare 20-37
da da	HOSPITAL OR ADDRESS OR LOCATION).	D. INSIDE CITY LIMITS?
ng cause; attend for to		10 KE YES NO
at at	MADELLA AND NUM	BERN ALLES
de de	5. SEX 6. RACE 7. MADDIED NEVED MADDIED ST B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
trik gul sed ma		4 last bighday) Months Doys Hours Min.
0 0 - 0 -		or foreign country)
or nde	2 MARC	ICANU U.S.
rect or c (4) Undet was in the dec	13. FATHER'S NAME	N NAME
E E 70		58 / Juin
a a a a a a a a a a a a a a a a a a a	(Yes, na af unknown) (If yes, give war ar dotes of service) SECURITY NO.	ADDRESS
find a find		EN 3421 EdMONDSON AVE-
any ced nda or		BETWEEN ONSET AND DEATH
04 5 9 5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE LEADING	many Arrest 10 minutes
ure o onou r aff	- I DOE TO, OK AS A CONSEQUENCE OF:	1
के व व व व	injury or complication which coused death.)	0
fra fra ho egu	(B) Lawrago Alfasm	^
exa (3) A n w in r	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the	2001.
0 . 5	UNDERLYING CONDITION IOSI. (C) COST - Lacter TV	Y 1
dica irns sic wa ma	E Z STUST STOLLES OF THE CONTRIBUTIONS CONTRIBUTIONS	1.0
by by ch ch re		Cly
a n ody ne F sicic	19A. DATE OF OPERATION 19B. GONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes	OF NO 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 × + D	o E 4 10 le Restrator arres	DID (If in Baltimare City, give exact lacation)
	OR CONTRIBUTING CAUSE OF CELL.) OR CONTRIBUTING CAUSE OF CELL. OR CONTRIBUTING CAUSE OF CELL	UR?
		ID INJURY OCCUR?
he hospiny nature except wand (6) the	21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW D While At Work At Work	
y n xce	22. I certify that (I) (this hospital) attended the deceased from	1969 to May 1 1969.
0 . 0	No. 1	and that in (my) (aur) opidion death occurred on the date
sed to ent of spital eath)	• I W W W	
- 0 0 7 -	23A. SIGNATURE	23B. DATE SIGNED
a t b	□ Luduna M. Ctuy da M. Degree Phys. Director	Shoff Phys. 1 1969
An ac An ac L at a prior	23C. PHYSICIAN'S NAME (Type)	MA MACRITAL OF MI
	a LUULINA M. OTEY LA MODERREE CHIMER	110 108/11/4C of 11a.
a e d	24A. REMOVAL (Specify)	24D. LOCATION (City, town, or county) (Stote)
bod ws: s D.C	25A. DATE REC'D BY HEALTH DEFT 25B. NAME OF REGISTRAR 25C. FUNERAL DIR	ECTOR ADDRESS
the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPTO 25B. NAME OF REGISTRAR 25C. FUNERAL DIR	B. B. 661711 B 84
	VS 150-RFV, 1/1/6R	Company of we survey



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	N-3×	C.	0 40	BALTIMORE CITY	HEALTH DEPARTMENT	\/	69	1658
		20 . 00	3 46	CERTIFICA	TE OF DEATH	REG. NO	00	2000
	RTH NO.	CEASED			DATE A	ND HOUR OF DEATH		,
(T ₃	pe or Print)	WYATT M		C .	439	M 5-2-6	9	4 50 N
3.	PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WH A. STATE B. COU	nere deceased lived. If i	nstitution: resid	dence belore odmission
II H	JLL NAME O OSPITAL OR STITUTION	ADDRESS OR LOCA	(NOITA		Maryland c. CITY OR TOWN	Baltimo:	re 5	TS?
	01	Baltimore ci		itals	Middle River	21220	YES	NO 🏋
	0/	4940 Eastern		//D700 /	E. STREET AND NUMBER			
-	SEX	Baltimore, Ma			8. DATE OF BIRTH	ndolph Road	#21220	
	Femal	1 1	WIDOWED	NEVER MARRIED DIVORCED	6-3-96	lost birthdoy)	Months Do	Hours Min.
		CUPATION (Give kind of work of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN	OF WHAT COUNTRY
	Housewi		Home		Virginia		USA	A
13	FATHER'S N	AME			14. MOTHER'S MAIDEN NA	AME	0.02	
	Sam	uel Casev			Elizabeth	Holder		
15.	Wos Deceose	ed Ever in U. S. Armed For	ces?	16, SOCIAL SECURITY NO.	17 INCORNA ANIT	940 Eastern	ATTO A	DDRESS
	No	, , , , , , , , , , , , , , , , , , , ,	2	23-12-6239 D		Baltimore, M		#2122/
1	18. //	24	~	CAUSE OF DEAT			1	APPROXIMATE INTERVAL
	DISE	ASE OR CONDITION DI	RECTLY		0		861.	WEEN ONSET AND DEATH
	(T) :	LEADING TO DEATH	district of	(A) IMMEDIATE CAL		2		2 days
	heart failure	nat mean the made of a, asthenio, etc. It meons	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:			0
	injury or co	amplication which caused			1	A . 'A	per tre	
		ANTECEDENT CAUSES		(B) Otro	1	activity		
		OR CONDITIONS, if the obave couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:	1 0	1 . 1	
		NG CONDITION last.	storing into	(c) AJCVI); ischemic	Loverex	remeter	<u> </u>
		11		The same of the				
ATION	TO THE DE	IFFICANT CONDITIONS CO	NTRIBUTING HE TERMINAL					
N S	DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).	HICH OPERATION	20 A. AUTOPSYZ (Yes or N	No) 20B. IF YES, WERE	FINDINGS CO	ONSIDERED
CERTIFIC	14-7	WAS PER	FORMED	insull R L	5 No	IN CERTIFYING CA		
G	21 A. ACCID	ENT WAS UNDERLYING	7 21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	ore City, give e	xoct location)
Ā		BUTING CAUSE OF	etc.)	e, form, foctory, sfreet, of	fice bldg., INJURY OCCUR?			
		(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
2	(APPROX.)		Whil	e At Not While	• 🗍			
	22 1 cortif	y that (1) (this haspital			4-18	19 69 10	5 - 2	7- 1069
		e) ast sow the deceose		5-2-	19 69 ond 1	that in (our) op	Inion death	occurred on the day
	-			and an			illion deoill	occorred on the do
	23A SIGNAT	nd from the couses stat	red obove	(Me) (qiq) (Called A	iew the body ofter deoth		238, DATE	SIGNED
	(1	that it is		Atte	nding Med.	Staff D		2-69
	23C. PHYSIC	LAN'S	100	DEGREE Phys		Phys.		
	NAME	(Type) Pota- 1.1	de	4	Balt 4940	astern Ave	Baltimor	e, Md.
24	A. BURIAL CE		24C.NA	DEGREE	MATORY 24D.	LOCATION CO	#2122 City, town, or c	county) / rte)
	REMOVAL		นะวา	T U477 Momowi	al Cardons Ba	1+imama Ca	MA	
25	Burial A. DATE REC'	D BY HEALTH DEET	25B, NAME O	y Hill Memori	25C. FUNERAL DIRECTS	ltimore Co.	Pille	ADDRF
		MAY 6 1969!	906	900 md	Jan Barray	/ Menon	107 East	7
VS				The state of the s		////		



L-625

69 4659 BALTIMORE CITY HEALTH DEPARTMENT

	BALTIMORE CITY HE		ATH 6	9 4659
BIRTH NO. 69-06402 MEDICAL EX	CAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	3 4000
1. NAME OF DECEASED	Ja.	2. DATE Known X Mo	nth Doy	feor Hour
(Type or Print) BABY BOY	LARKIN	OF DEATH Estimated		м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	OUNCED DEAD	3. DATE MOI PRONOUNCED DEAD		fear Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION OF TOTAL OR INSTITUTION OF T	FNDFD	F	, , , ,	69 3:50 A.
Maryland General Hospital	5-6-69	5. USUAL RESIDENCE (Where dece	B. COUNTY	
		Maryland C. CITY OR TOWN	D. INSIDE CITY LIM	Georges
male white widowed	NEVER MARRIED	Laurel		<u></u>
9. DATE OF BIRTH 10. AGE (In years If Un	ider 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	YES L	NO K
4/9/69 [last birthday] Month	hs Days Hours Min.	1009 Philip Po	owers Drive	66-00
	ITIZEN OF	13. FATHER'S NAME	1	
I Ma	VHAT COUNTRY?	John h.	Karpin	
I 4A. USUAL OCCUPATION (Give kind of wark 14B. KIND OF Edone during most of working life, even if retired)	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME		
14 WAS DESTACED EVER IN U.S. ADMED FORCES	17. SOCIAL	18. INFORMANT	ADDRE	r.c
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown) (If yes, give wor ar dates af service)	SECURITY NO.	I. INFORMANI	ADDRE	55
119.	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
161,0				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ia-and-Atelectasis-		
(This does not mean the mode of dying, e.g.,	DUE TO, OR A	AS A CONSEQUENCE OF:	ne pisease	
heort failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)				
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEQUENCE OF:		* ************************************
LINDERLYING CONDITION LAST	(c)	. 		
<u>E</u> "				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR 1	Automob	ile Accident		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR 1	1-14 m mm m m m m m m m m m m m m m m m m		[21.	AUTOPSY? (Yes ar No)
0 1				Yes
ZZA. EXTERNAL CAUSE WAS 22B. P	PLACE OF INJURY (e.g.,	in or obaut 22C. WHERE DID (If in 8	altimore City, give exact loca	
Q UTING A CAUSE OF DEATH.	street	e bldg., etc.) INJURY OCCUR? \ Rte 40 (Ur	iontown, Penn	a.)
22D. TIME (Month) (Doy) (Yeor) (Haur) 22	ZE. INJURY OCCURRED	22F. HOW DID INJURY	occur? Mother	involved in
(APPROX.) 4/7/69 3:15 P. m. W	/HILE AT NOT	WHILE Auto accider		precipitating
23.	I	A	delivery.	
1 certify that I held on Inquiry			asis, death in my opin	ion
resulted from: Notural causes A	suicident K Suicid	de Homicide Unde CHIEF MEDICAL EXAM	termined monner	
ACTUAL ACTUAL	20	ASSISTANT MEDICAL EYAM		DATE SIGNED
SIGNATURE EXAMINER'S Warner II Cr	M.D	ASSOCIATE MEDICAL EXAM		4/12/69
NAME (Type)	oitz M.D.			., -=,
24A. BURIAL CREMATION, 24B. DATE 24C	C. NAME of CEMETERY	or CREMATORY 24D. LOCA	TION (City, town, ar o	aunty) (State)
Burial 4-13-69	St Man	up Cem La	unel 7	nd
11111	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRE	55 / Laune
MAY 6 1969 Q) And in const	Clandedia	N O'unera	I Hame m
VS 151-REV. 1/1/6B	2-4-11-5	04623		

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

4660 CERTIFICATE OF DEATH

REG. NO.	69_	4660

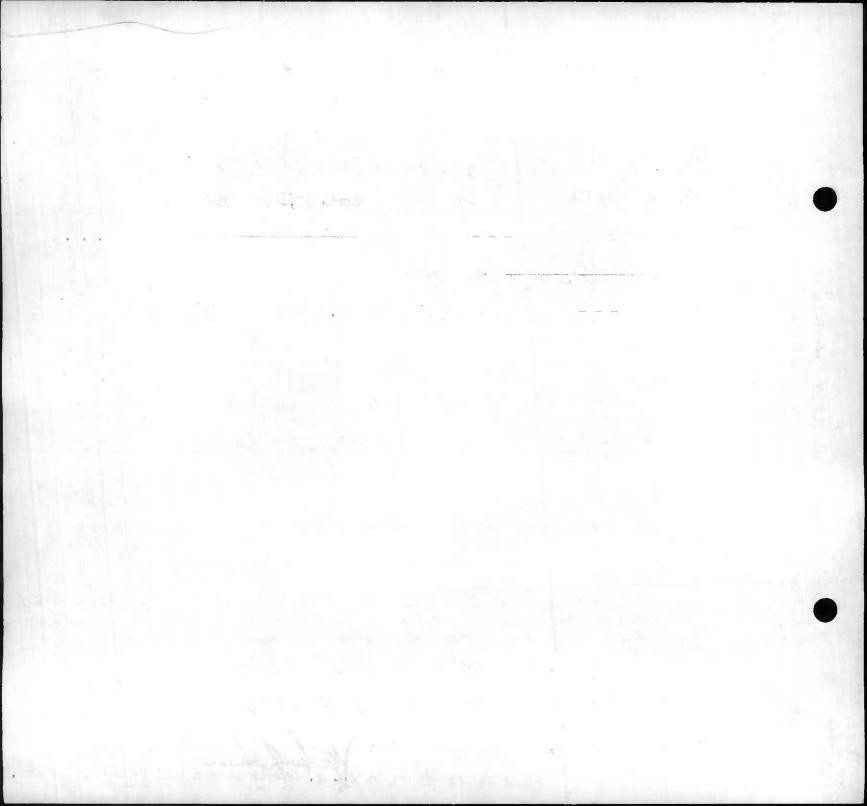
Lowell Lemmon 4611 Park Heights Ave,

BIRTH NO.	EKTIFICATE	DEATH			
1. NAME OF DECEASED	,	2. DATE AND HOUR OF DEATH			
(Type or Print) NFINTON. /+/VNI	e Eliza	1.5- 0	2-69	14 -AM.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. USUA A. STATE		eased lived. If institution	n: residence befare admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, (HOSPITAL OR ADDRESS OR LOCATION)		OR TOWN	D. INSIDE CIT		
70	E. STREE	TAND NUMBER	YES	NO L	
Bolton Hill Marsing	Home 36	16 OAKA	PONT AN	7.	
S. SEX 6. RACE 7. MARRIED 7 NEV	ER MARRIED B. DATE	OF BIRTH 9. AC	GE (In years If U mirtheland Man	nder 1 Yr. If Under 24 Hrs. ths Days Haurs Min.	
Female widowed with white	DIVORCED Apr		95	CITIZEN OF WHAT COUNTRY?	
IOA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINE done during most of working life, even if retired)	SS OK INDUSTRE II. SIKEN	PLACE islate or foreign co	7	CHIZEN OF WHAT COUNTRY!	
Homemaker	660	Exact y American	- Virginia	U.S.A.	
13. FATHER'S NAME	14. MOTI	TER'S MAIDEN NAME			
	Francis	? Mann			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dates af service)	CIAL 17. INFOR	MANT	Baltimo	re, Maryland	
NO 2/2-	14-9430 Mrs.	Katheryn Go			
18. 4/2/31 C.	AUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY		1 1-7-7	0		
(This does not meon the mode of dying, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEC	esely y	18260	and	
heart failure, asthenio, etc. It means the disease, injury or complication which caused death,)	DUE TO, OR AS A CONSEC	UENCE OF:			
ANTECEDENT CAUSES	- 4-	1 1 1 1	1		
DISEASES OR CONDITIONS, if ony, giving	(B) CHULL	CHENCE OF	locare	yeis	
rise to the obove couse (A) sloting the	0.10	0	1		
UNDERLYING CONDITION Iosi.	(c) wund	· genelose		yes	
1					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	,			Can	
	OPERATION 20A.	UTOPSY? (Yes or No) 20	B. IF YES, WERE FINDIN	IGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OWAS PERFORMED		IN	CERTIFYING CAUSES	OF DEATH?	
	OF tNJURY (e.g., in ar about factory, street, affice bidg.,		(If In Baltimare City,	give exact lacation)	
Q .	YOCCURRED	21F, HOW DID INJURY	OCCUR?		
OF INJURY (APPROX.) While At Wark	Nat While At Wark				
22. I certify that (1) (this hospital) attended the dece	eased_fromS	//30 19	6810 K	12 19 69	
that (I) (we) last saw the deceased alive an				death accurred on the date	
and hour and from the couses stated above. (1) (We) (
23A. SIGNATURE			23 B.	DATE SIGNED	
almage	Attending Phys.	Med. Staff Director Phys		5/2/69	
23C. PHYSICIAN'S NAME IType)	23 D. ADDI	C DEAD	OF B	et ml	
ALLAN H. MACH	DEGREE 1	E. KEHU	91 .01	001142/30	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY of CREMATORY	24D. LOCA	(City, tav	vn, or county) (State)	
Burial May 5, 1969 Lorrain			Woodlawn. N		

VS 150-REV. 1/1/6B

TAME

1969



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nust be approved by the chief medical examiner or his assistant if death occurred in a hospital ar	leased to the hospital by a medical examiner. Also, if the direct or contributing cause of dear	cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	hospital (except where the physician who pronounced death was in regular attendance on the	to death); and (6) No physician was in regular attendance on the deceased prior to death. Sur	
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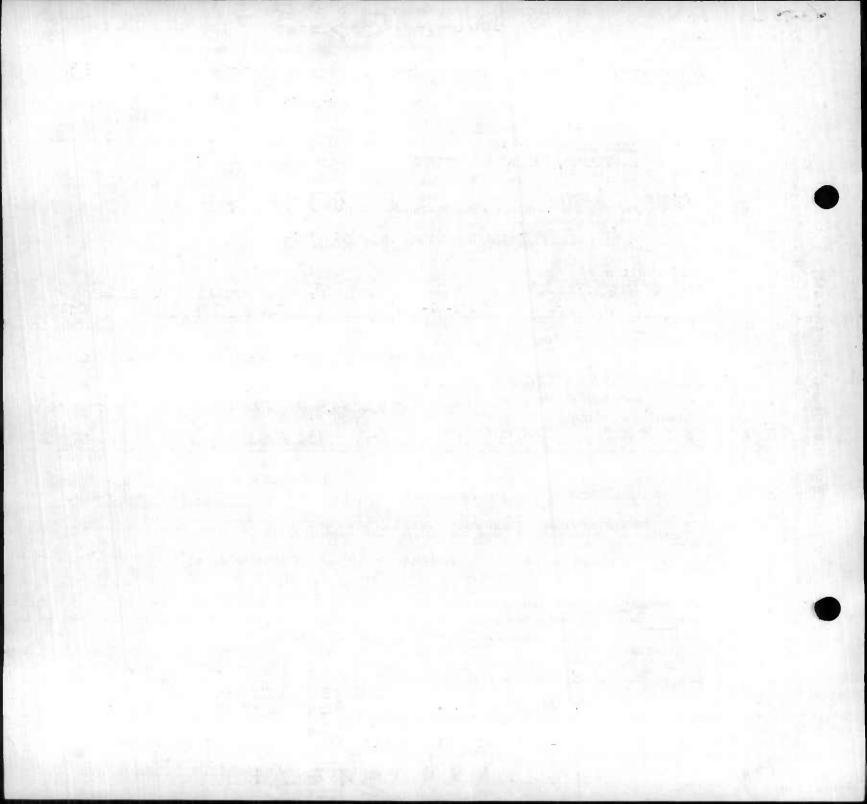
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he body

BALTIMORE CITY HEALTH DEPARTMENT REG. NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED melven 5-1-69 1:00 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY BALT IMORE MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE CITY HOSPITALS NO XX YES 4940 EASTERN AVENUE E. STREET AND NUMBER BALTIMORE, MARYLAND #21224 2722 CRESTON STREET S. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED last birthday Hours 1-13-06 ALE WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Bethlehem Steel Co Virginia 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Manis Walton Maggie Morris ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL RECORDS: (Yes, no or unknown) (If yes, give wor or dates of service) BALTIMORE CITY HOSPITALS SECURITY NO. 213-07-2055 4940 EASTERN AVENUE #21224 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, osthenio, etc. It means the disease, injury or complication which coused death. ANTECEDENT CAUSES MYOCARDIAL OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving DUE TO. rise to the obove couse (A) stating the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WKS TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, torm, factory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location) etc.) DEATH (notify medical examiner) MEDI 21 D. TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY While At Not While [(APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 19.69 and that ig (my) (aur) apinian death accurred an the date that (1) (we) last saw the deceased alive an and havr and fram the causes stated abave (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23 B. DATE SIGNED Attending Med Phys. Director pproval 23C. PHYSICIAN'S TMORE CITY HOSPITALS NAME (Type) V. VALDMANIS 4940 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 0 REMOVAL (Specify) written Boonesville Virginia May4-1969 Prize Hill Cemetery BURIAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS TER DABROWSKI 1005 DUNDALK AVENUE VS 150-REV, 1/1/68



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VS 150-REV. 1/1/68

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REG.	No	69	4663
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BIRTH NO.	TE OF DEATH	7.00
Type or Print	2. DATE AND HOUR OF DEATH	. 10
John James Williams	4 USUAL RESIDENCE (Where deceased lived, If institution:	PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: A. STATE B. COUNTY	residence before admission)
HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY	9-01 LIMITS?
1////	Baltimore Coy YES	NO []
YUNION MEMORIAL HOSPITAL.	E. STREET AND NUMBER 3928 Frosby St.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Und	or 1 Yr. Il Under 24 His.
M White WIDOWED DIVORCED	120/06 Car	Doy's House Ivant,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or loreign country) 12. CIT	IZEN OF WHAT COUNTRY?
UNK	VIRGINIA	0579
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James B. Williams	Mary Boyd.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! ill yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
UNK	MOS. Evelyn Williams	some.
18. CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
(This does not meen the made of dying, e.g., (A) MMEDIATE CAU	SE PALLMONIC	4 days
heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	SE PALLMONIC A CONSEQUENCE OF! CASpuation	
ANTECEDENT CAUSES	CVA.	L .
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	4 Bays.
	A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)		
Z OTHER SIGNISION RECONSTRUCTION OF THE PROPERTY OF THE PROPER	\ \ \ \	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	ASEVO. Y.S.	48 aus.
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING [1] [21R. PLACE OF INJURY (AC. IN)]	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	DEATH?
OR CONTRIBUTION OF THE PARTY OF	or about 21 C. WHERE DID III In Raltimore City als	re exact location)
DEATH (notify medical examined No	No sings, invoks occor.	
210-TIME (Manthi (Doy) (Yeori (Hour) 21E INJURY OCCURRED OF INJURY While At	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work		
22. 1 certify that (1) (this hospital) attended the deceased from	1201 25 1965 to A	b1. / 2C10 / G
	2 9 19 69 and that In(my) (our) opinion dea	th occurred on the date
and hour and from the causes stated above (1) (We) (did) (did not) vi		III occorded ou the dole
23A. SIGNATURE		TE SIGNED
	ding Med. Stoff Ap	71 29, 1869
23C/PHYSICIAN'S NAME (Type] 23C/PHYSICIAN'S	3D. ADDRESS	111 -1,1107
11 BRIAN BLOCK	UNION WEGORIAL H	DSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREME		
Bunial 5-2-69 Edge Hill	Charlestown	W. VA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		ADDRESS
MAY 6 1969 (20.60 9 6 0)	Sec. Funeral Director	Vicoticity Med.
V\$ 150-REV. 1/1/68		

94 legis gully times Who be sent to 44.5 10 Tel 10

IMPORTANI FUNERAL DIRECTOR:

Such the cause; (5) Deceased a hospital and of death attendance on death. cause prior to or his assistant if death occurred in contributing (4) Undetermined embalmed or final disposition is made. in regular the deceased Was death death); and (6) No physician was in regular attendance on kind; any nature; (2) Body burns; (3) A fracture of any who pronounced certificate must be approved by the chief medical examiner examiner. must be obtained before the remains are D.O.A. at a hospital (except where the physician to the hospital by the body was released to shows: (1) An accident of deceased prior to written approval W ds

BIRTH NO

S. SEX

I, NAME OF DECEASED (Type or Print)

FULL NAME OF HOSPITAL OR

3. PLACE IN BALTIMORE, A

IOA. USUAL OCCUPATION done during most of working life, ATTORNEY

602B

S. Wes Deceased Ever in U. Yes, no or unknown) (If yes, gi

(This does not mean

GIAN

24A. BURIAL CREMATION,

2SA. DATE REC'D BY

VS 150-REV. 1/1/6B

REMOVAL (Specify

CAGGIAND

HEALTH DEPT.

q 6

13. FATHER'S NAME

ILwww

	DALTHAODE CITY	ALIEALTH DEGA DYNENIX	
69 4664	BALTIMORE CITY	HEALTH DEPARTMENT	00
03 4004	CERTIFICA	TE OF DEATH REG. NO.	69 4664
OF DECEASED		2. DATE AND HOUR OF DEATH	
LEVIN, SOLOMON		5-2-69 2	pm M.
IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where deceased lived. If insti-	
AE OF (IF NOT IN HOSPITAL OR INSTITUTIO OR ADDRESS OR LOCATION)	N, GIVE STREET	CCITY OR TOWN	APT E I
SINAL HOSPITAL		BALTO MED	ES NO
BALTIMORE MD.		3003 Romanic Ct	27-30
) WIDOWED	DIVORCED _	10/7/05 63	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OCCUPATION (Give kind of work 10 B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
most of working life, even if refired)		PSALTIMORE NO	· Le 804
'S NAME		14. MOTHER'S MAIDEN NAME	
seph		Ethe	
ecosed Ever in U. S. Armed Forces? nknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	mrs Solly Levin	ADDRESS Same N
& 0 G:	CAUSE OF DEATH	H Sacray Grande	APPROXIMATE INTERVAL
9 8 7			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAL	ISE CARHEXIA SECONDAR	y To
daes nat mean the made af dying, e.g., failure, asthenia, etc. It means the disease, ar camplication which caused death.)	DUE TO, OR AS A	A CONSEQUENCE OF:	VALUE OF THE
ANTECEDENT CAUSES	(B) AME	ELANOTIE MELAND CACINO	ma of
SES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	
ta the above cause (A) stating the RLYING CONDITION last.	(c) 17+6	= 8mALC BOWEL	
II .			
SIGNIFICANT CONDITIONS CONTRIBUTING E DEATH BUT NOT RELATED TO THE TERMINAL SE OR CONDITION GIVEN IN PART 1 (A).			
ATE OF OPERATION 198. CONDITION FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN	IDINGS CONSIDERED

heart failure, asthenia, injury ar camplication ANTECED DISEASES OR CONE the abave rise ta UNDERLYING CONDIT CERTIFICATION OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in of obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 1949 22. I certify that (1) (this haspital) attended the deceased from 19.69 19.69 that (1) (we) last saw the deceased alive an and that in(my) (aur) apinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Staff Phys. Attending Med. Gian Caggiano MY 23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS

Sinai

25C. FUNERAL DIRECTOR

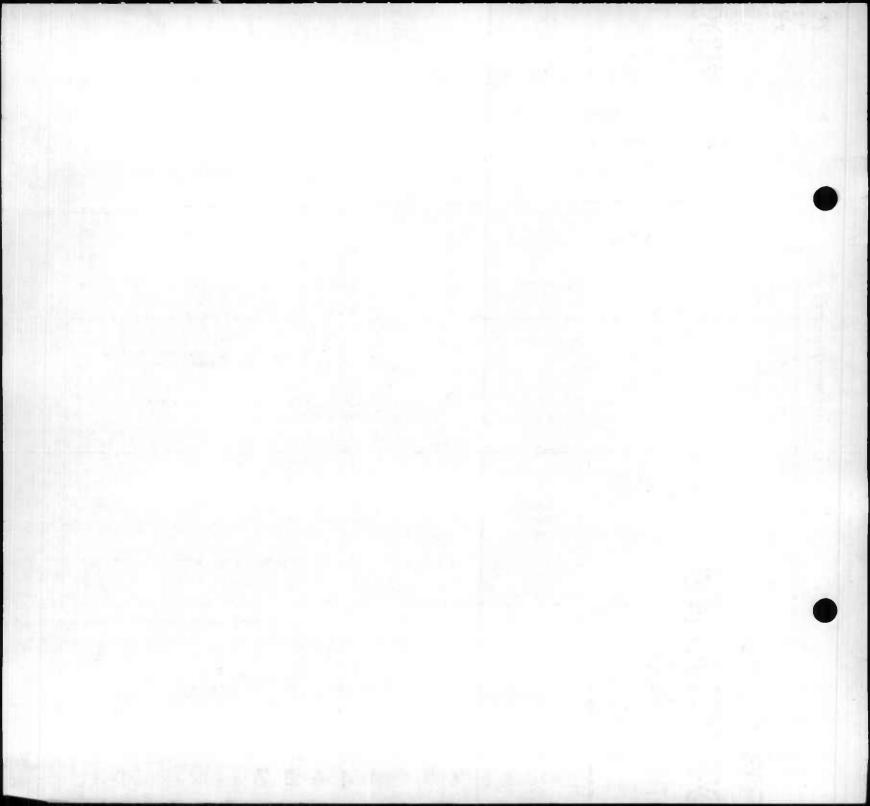
ADDRESS

NAME of CEMETERY of CREMATOR

mak

25B. NAME OF REGISTRAR

War



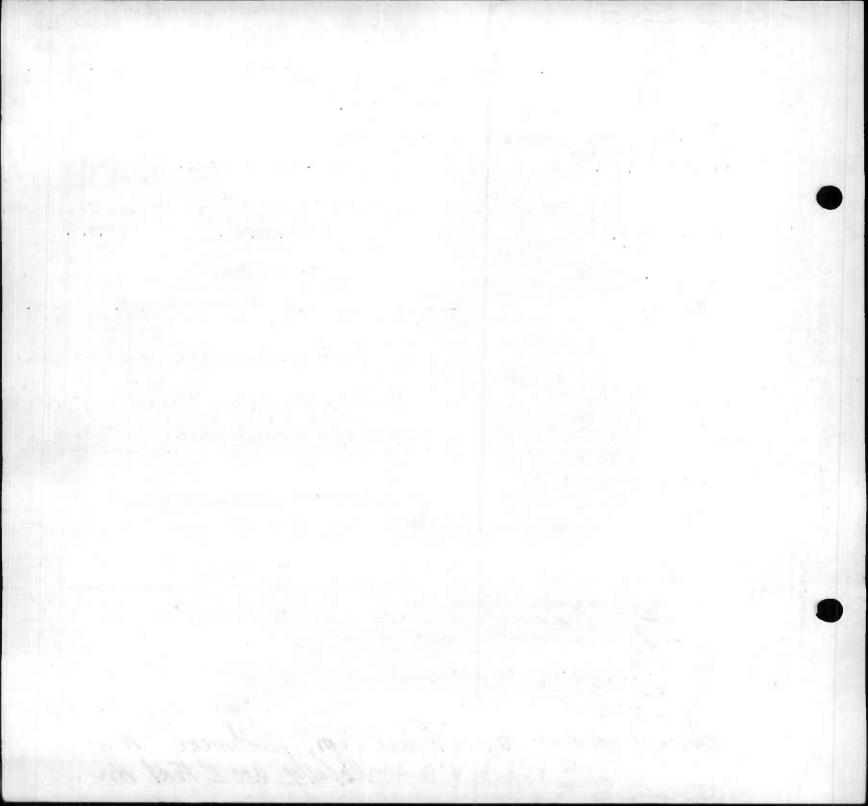
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death Deceased Such BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type ar Print) O 5.25P -4-69 LOUIS P. KOTMAIR 4. USUAL RESIDENCE (Where deceased tived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD eat attendance cause; (5) contributing cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET O HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 0 YES NO Baltimore Jenkins Memorial Hospital prior E. STREET AND NUMBER 1000 Caton Avenue occurred Glen Burnie 2117 S.Ritchie Highway. etermined Baltimore, Md. 21229 regular made 5, SEX 9. AGE (In years 6. RACE If Under 1 Yr. Manths: Doys 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased Haurs last birthday 8/1/82 WIDOWED Male White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) = isposition dane during most of working life, even if retired) U.S.A. Baltimore. Md. (4) Und Police Dept. Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Rachel Creamer Louis P. Kotmair assistant uo death kind; 15. Was Deceased Ever in U. S. Armed Farces' ADDRESS 16. SOCIAL 17. INFORMANT final of unknown) (If yes, give war ar dates of service) SECURITY NO. ance Records, Jenkins Memorial Hosp. Baltimore. 220-44-0803 0 dny 18. CAUSE OF DEATH pronounced OF attend DISEASE OR CONDITION DIRECTLY baimed of LEADING TO DEATH fracture (This daes not mean the made of dying, e.g., ular heart failure, asthenia, etc. It means the disease, the chief medical examiner injury or camplication which coused death.) em ANTECEDENT CAUSES who 5 are 4 DISEASES OR CONDITIONS, if ony, giving (3) rise to the above cause (A) stoting the physician UNDERLYING CONDITION last. the remains Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED (2) 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice btdg., INJURY OCCUR? (If in Boltimore City, give exoct location) where OR CONTRIBUTING CAUSE OF to the hospital °Z DEATH (notify medical examiner) any nature; MEDI obtained 21 D. TIME (Month) (Day) (Year) (Haur) 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 9 OF INJURY approved (except White At Nat While (APPROX.) and Wark At Wark 22. I certify that (1) (this haspital) attended the deceased fram pe that (H) (we) last saw the deceased alive an ...and that in (***) (aur) apinian death accurred an the date leath) hospital and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. the body was released must An accident 23A. SIGNATURE 23B. DATE SIGNED Attending R ਰ Med. Staff 9 Phys. Director L approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at 000 d DEGREE shows: (1) 24A. BURIAL CREMATION, at CREMATORY eceased was D.O. decease REGISTRAR

VS 150-REV. 1/1/68

HEALTH DEPT

25B. NAME OF

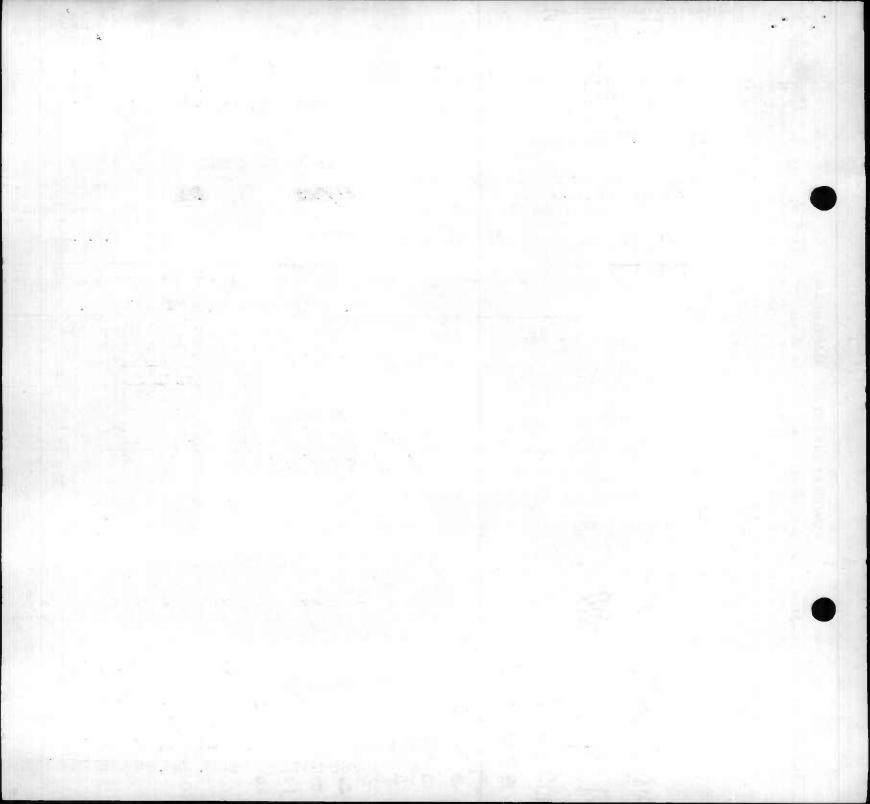
If Under 24 Hrs. Haurs i Min. 12. CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH



FUNERAL DIRECTOR: IMPORTANT

This certificate must be opproved by the chief medical examiner or his ossistont if deoth occurred in o hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An occident of any noture; (2) Body burns; (3) A frocture of ony kind; (4) Undetermined couse; (5) Deceased was D.O.A. at o' hospital (except where the physician who pronounced deoth was in regular attendance on the deceased prior to deoth); and (6) No physician was in regulor attendance on the deceased prior to death. Such written approval must be obtoined before the remains ore embalmed or final disposition is made.

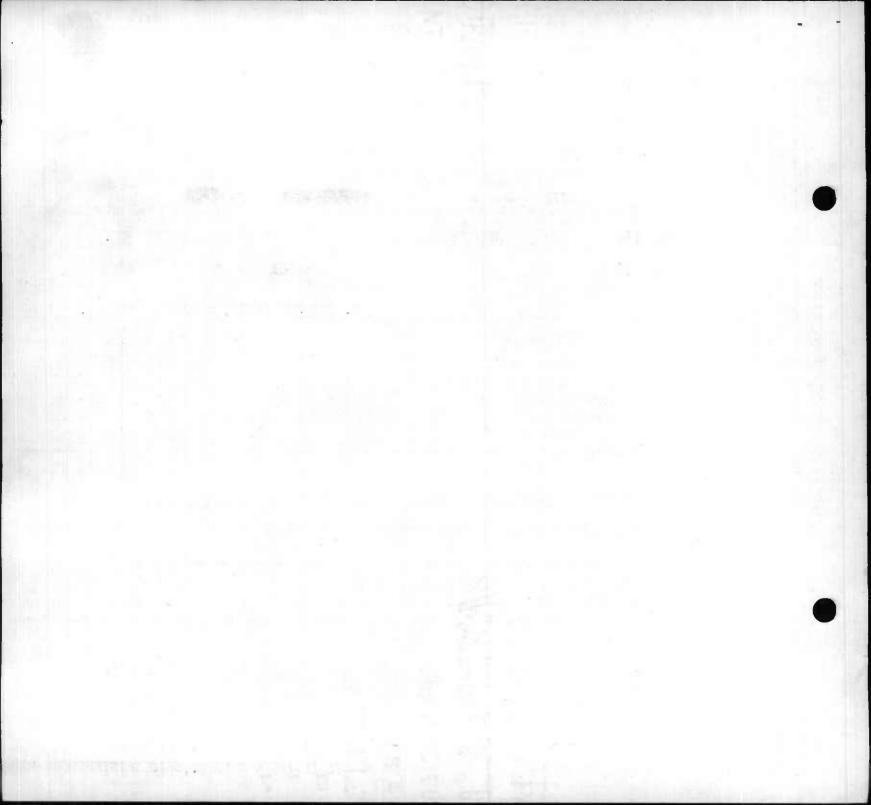
B 1 69	4666 BALTIMORE CITY	HEALTH DEPARTMENT	(/	CO ACOD
- 105	CERTIFICA	TE OF DEATH	REG. NO	03 4000
BIRTH NO.			D HOUR OF DEATH	•
(Type or Print) Rackel	Bavarma		1-69	A.50 Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD			nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MARYLAND	Batto call 2 3-0
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY CIMITS?
SINAI HOSPITAL		BALTIMORE E. STREET AND NUMBER		YES NO
42		2702 SMITH	AVENUE	
+= [1] /h [] a	RRIED NEVER MARRIED DIVORCED		ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIT		11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	AT UNUE	RUSSIA		11 0 1
HOUSEWIFE 13. FATHER'S NAME	AT HOME	14. MOTHER'S MAIDEN NAM	A E	u.s.A.
TAVEL FINE		UNKNOWN		
1S. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	vice) SECURITY NO.	MRS. MOLLIE BLEA	KMAN. 2702	SMITH AVE. #9
18.44 1-2 4-1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0, 1	1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	USE Cardio %	espiration	10
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	seose,	A CONSEQUENCE OF:	10-00	
injury ar camplication which caused deoth.)			Wille	
ANTECEDENT CAUSES	(B)		-	~~~
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating		A CONSEQUENCE OF:	1	
UNDERLYING CONDITION last.	(c) / Se	storales U	is and	
_ II		Ver TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		13010		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	************	20 A. AUTOPSY? (Yes or No)	200 te vec wene	FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED		20A. AUTOPST? (Tes of No)	IN CERTIFYING CA	USES OF DEATH?
	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Boltimo:	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work			
22. I certify that (1) (this haspital) atten		4 -28 1	· D.	/ 19 19
that (I)((we) lost sow the deceased alive	4 /	19 69 and the	t in (my) Tour on	inion death accurred on the date
and hour and from the couses stated abo			i inviny, (day) opi	mon deam accorred on the date
23A. SIGNATURE	ve. (1) (de/) did (did il81)	view the body offer death.		23 B, DATE SIGNED
In husans	Athe	ending Med.	Shaff	1-1-19
23 C. PHYSICIAN'S	GEGREE Phy	23D. ADDRESS	Phy s	3 10/
NAME (Type)	SHI	CINA	1/ Hos	ental
24A. BURIAL CREMATION, 24B. DATE	4C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION C	ity, town, or county) (State)
REMOVAL (Specify)				
	(NESSETH ISRAEL A	NSHE KOLK WOLYN		MARYLAND
MAY 6 1969 . R	Deit & Jarber	M-SOL LEVINSON &	BROS. INC	.6010 REISTERSTOWN
VS 150-REV. 1/1/6B	- 7 TI () 4	1 6 2 9		KURU



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance an the deceased prior to death. Such written appraval must be obtained befare the remains are embalmed or final dispasition is made. This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause af death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased

7 12	BALTIMORE CITY	Y HEALTH DEPARTMENT
D-136 69 46	CERTIFICA	ATE OF DEATH REG. NO. 69 4667
I, NAME OF DECEASED		2, DATE AND HOUR OF DEATH
(Type or Print) ENITH ()E.P.	OITIERS 1	(PEARL) 2 May 1969 1 10 A
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT)N HOSPITAL OR INSTITUTION (IF NOT)N HOSPITAL OR INSTITUTION	TITUTION, GIVE STREET	C. CITY OR TOWN, D. INSIDE CITY LIMITS?
110 0		Balto YES NO
42 Smal		E. STREET AND NUMBER 3800 Coronado Rd.
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND		the same of the sa
done during most of working life, even if retired) HOUSEWIFE A	T HOME	NY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
LOUIS COHEN		RACHAEL ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6, SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO		MR. RAYMOND PEARL. 3807 CORONADO RD. #21207
18.	CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY		M 1011 1 51
LEADING TO DEATH (This does not meen the mode of dying, e	(A) IMMEDIATE CA	
heart failure, asthenia, etc. It means the disea		A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES		ASCVD 6mo
	(B)	S A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if ony, giverise to the above cause (A) stoting UNDERLYING CONDITION last.		S A CONSEQUENCE OF:
11	(-,	
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? (If in Boltimore City, give exoct lacotian)
O 21 D. TIAAF (Month) (Dov) (Year) (Hourd	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)	While At Not Whi	ile 🗀
	Work At Wark	
22. I certify that (1) (this haspital) attende	1/14 2	1 May 1967 to 2 May 1967
that (me) last saw the deceased alive a	//	19 and that in my (aur) apinian death occurred an the da
and have and from the causes stated above	(II) (We) (did) (did nat)	view the bady after death.
23A. SIGNATURE	A.1	23B. DATE SIGNED
Lawrence Xolom	OZ OEGREE Phy	rending Med. Staff Director Phys. D
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS
LAWRENCE SOL	OMON	3600 LOCHETERN UR.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CR	
0.000	MIKRO KODESH-BE	ETH ISRAEL BALTIMORE, MARYLAND
	E OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN RO
VS 150-REV, 1/1/68	9 4 11 1	Y 4 5 7 7



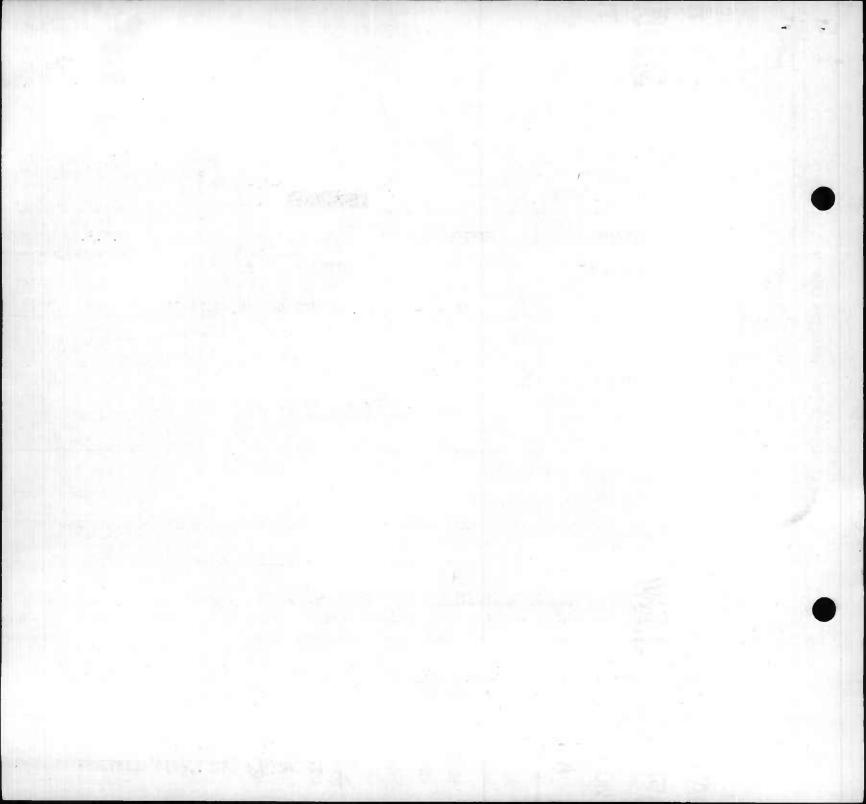
5-160 69	4668 BALTIMORE CITY CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	69 4668
1. NAME OF DECEASED SCHAPIRO	MORRIS	2 DATE AND HOUR OF DEATH	12:06 /P M
HOSPITAL OR ADDRESS OR LOCATION HOSPITAL OR ADDRESS OR LOCATION HOSPITAL OR ADDRESS OR LOCATION HOS	4ENDED 5-16-69	A. USUAL RESIDENCE (Where deceased lived, If in R. COUNTY MARYLAND MONOR C. CITY OR TOWN ELL COTT. CITY E. STREET AND NUMBER FOLLY OUARTERS	stitution: residence before admission)
$M_{i,j-1} \subset A_i \setminus A_j $	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 83 last birthday 85	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIP done during most of working life, even if retired) INDUSTRIAL 13. FATHER'S NAME UNKNOWN	ERCHANT	11. BIRTHPLACE (State or foreign country) RIGA, RUSSIA 14. MOTHER'S MAIDEN NAME UNKNOWN	12. CITIZEN OF WHAT COUNTRY
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown! (II) yes, give wor or doles af ser	vice) 1 6. SOCIAL	17. INFORMANT	ADDRESS
NO ,	SECONIII NO.	MR. JOHN D. SCHAPIRO, 313	E. BALTIMORE STREET
LEADING TO DEATH (This does not mean the mode of dying, heart failure, osthenic, etc. It means the disinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, is at the abave cause (A) stoling UNDERLYING CONDITION last.	(B) DUE TO, OR AS the (C)	USE CARDIAC ARRE	10 Months
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE IN CERTIFYING CAN	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)	21B. PLACE OF INJURY (e.g., hame, form, lactary, street, a	in or about 21 C. WHERE DID (If In Baltimore ffice bidg., INJURY OCCUR?	City, give exact location)
OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive and hour and from the couses stated about	on 5/3/69 2:0	manufacture in Angly (and about	19 69 Non death occurred on the date
23A. SIGN AT URE	DEGREE Phy		23B. DATE SIGNED 5 3 69
23C. PHYSICIAN'S NAME (Typel R. C. 24A. BURIAL CREMATION, 124B. DATE 12	WITZ DEGREE		SPITAL
REMOVAL (Specify) 24B. DATE 24B. DAT		ETERY BALTIMORE, MAK	y, town, or county) (State)
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

COLL HEALTH DELAKTWENT			
ICATE OF DEATH	REG. NO	6.9	4669

7	2 -1- 2			BALTIMORE CITY	HEALTH DEPARTMEN	NT		
	2,20	69	466	9 CERTIFICA	TE OF DEAT	H REG. NO	69	4669
	H NO.	(,()	100	O CERTIFICA				
	AME OF DECEASED OF Print) BENN	BLA	NCHE		2, DA	5/3/69	1	10:25P.M.
3. P	LACE IN BALTIMORE, M					(Where deceased lived, If	institution; reside	ence before odmission)
HO	L NAME OF (IF NO PITAL OR ADDRE	T IN HOSPITAL	OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS	
2	/	1	. /	/	BALTO	0,	YES C	NO 🗌
	Sinai A				CongRE	55 Note	1 306. FRA	NKlin St.
5. SI	F EMALE W	11777	· MARRIED [INEVER MARRIED	8. DATE OF BIRTH 4-	12 9. AGE (In years lost birthday)	Months Doy	Yr. If Under 24 Hrs.
		ve kind of work 1		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	during most of working life, • SECRETARY	ven if retired)	OF	FI CE	Russi		u.s	.A.
13. F	ATHER'S NAME				14. MOTHER'S MAIDE			
	ISRAEL BENI				MATHI LDA	?		
15. V (Yes,	os Deceased Ever in U. no or unknown) (If yes, giv	5. Armed Force e wor or dotes	of service)	SECURITY NO.	17. INFORMANT			DRESS
	NO			215-01-0941 1		ERMAN, 3315 BA		OAD #21215
Ĕ	injury or complication w ANTECEDER DISEASES OR CONDITIES to the obove UNDERLYING CONDITIES OTHER SIGNIFICANT CONTO THE DEATH BUT NOTED DISEASE OR CONDITION OF	NT CAUSES TIONS, if ar couse (A) s ON last. DITIONS CON RELATED TO THE	ny, giving stating the TRIBUTING		RE ASC A CONSEQUENCE OF	VD		
ERTIFIC	9A. DATE OF OPERATION	WAS PERFO	ITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WERI IN CERTIFYING C	FINDINGS CO AUSES OF DEA	N SIDERED TH?
0	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exc	USE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	n or obout 21C. WHERE Diffice bidg., INJURY OCC	DID (If in Boltim	ore City, give ex	oct location)
2	21D. TIME (Month) (OF INJURY (APPROX.)	Doy) (Yeor)		INJURY OCCURRED Ie At Not While At Work	e 🗖	D INJURY OCCUR?		
	22. I certify that (I) (th	nis hospitol)	attended th	ne deceosed fram	4/17	19.65 to	5/	3 196%
	that (I) (we) lost sow t			/	,	nd that in(my) (our) o	pinion déoth o	occurred on the date
	and hour ond from the	couses stote	d obove. (I) (We) did (did not) v	iew the body ofter de	oth.		
	23A. SIGNATURE DECALLY 23 OPHYSICIAN'S NAME (Type) CERTIFICATION DIAME (Type)	Fred B.F	I Sun	an Mogree Phys	nding Med. Director 23D. ADDRESS	Shoff Brys.	23 B. DATE S	IGNED 9
24A.	REMOVAL (Specify)	4B. DATE	24C. N	ME of CEMETERY OF CRE	MATORY 2	4D. LOCATION	City, town, or co	ounty) (Stote)
7	BURIAL	5-5-69	HEB	REW FRIENDSHI			YLAND	
25A.	DATE REC'D BY HEALTH	DEPT 2	5B. NAME O	OF REGISTRAR	25C. FUNERAL DIRI	IN & RROS 601	O PEISTE	RSTOWN ROAD

VS 150-REV. 1/1/68



(10))	65) 41	~ / I I	Y HEALTH DEPARTA		REG. NO.	69	4670	
BIRTH NO.				CERTIFICA	ATE OF DEA	AIH				
I. NAME O	F DECEASED					DATE AND	HOUR OF DEATH	1		
		DELAHAI	NTY,	CLIFFORD JOS	EPH	ARRX N	1AY 5 . 1	969 1	2:20 A	
	N BALTIMORE, A	ARYLAND, W	HERE PROP	OUNCED DEAD	4. USUAL RESIDEN	ICE (Where d	eceosed lived. If		0 =	nission)
FULL NAM	AE OF (IF N	OT IN HOSPITA	AL OR INS	TITUTION. GIVE STREET	MARYLA	ND		21:	229 28-	64
INSTITUTIO	N			TAI	C. CITY OR TOWN		D. IN	SIDE CITY LIN	AITS?	-
11/1	ST	AGNES I			BALKIM			YES X	NO 🗌	
40	CAT	ON & W	ILKEN	IS AVENUES	E. STREET AND NU	JMBER				
	BAL	TIMORE	. MAR	YLAND 21229	1 S WO	ODINGT	ON ROAD			
5. SEX	6. RACE		7. MARRIE	D X NEVER MARRIED	8. DATE OF BIRTH	9. 1	AGE (In years	II Under	1 Ye If Under 2	24 Hrs.
MALE		ITE	WIDOWE	DIVORCED	10/21/1	7	birthday)	Months	Days Hours	Min.
IOA, USUAL	OCCUPATION	ive kind af wark	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stol	te or foreign	country)	12. CITIZE	N OF WHAT CO	UNTRYS
dane during r	mast at warking life,	even if retired)							•	OTTINIT.
13. FATHER	TENDER				MARYLA				J.S.A.	
100 LVILLER	3 NAME				14. MOTHER'S MAI	DEN NAME				
WILL	JAM E D	EL AHAN	TY		CATHERI	NE CLI	FFORD			
15. Was Dec	known) (If yes, gi	S Armed Form	2	1 6. SOCIAL	17. INFORMANT	IL OLI	T T OILD		ADDRESS	
			OI SEIVICE		D OT LOUIS	01 054				
YES	WURL	D WAR	۷ .	214-05-307		S' REC	ORDS CA	TON &	WILKENS	AVE
18.	5/17	I		CAUSE OF DEAT	Н			A.F.	APPROXIMATE INTE	
0	DISEASE OF CO		ECTLY		.//	/ /	/ .		THEER CHIEF AND	VEAIN
IThin d	oes not meon t	TO DEATH	h.t.	(A)IMMEDIATE CAL	USE Metasi	tatic (CRYCINON	10		
heort to	pilure, oslhenio,	ic. il means	the diseas	00210,0170	A CONSEQUENCE OF:		1			
injury o	or camplication v	hich coused	death.)	of	the Sto	mac	h. —			
	ANTECEDE	NT CAUSES		(0)	- 77					
DISEAS	ES OR COND	TIONS, it o	ny, givin	DUE TO, OR AS	A CONSEQUENCE OF	F:	***************************************		*******	
nise lo	a the above	couse (A)	sloling f	10						
UNDER	LYING CONDIT	ON last.		(c)						
z										
E HO THE	IGNIFICANT CON DEATH BUT NOT	RELATED TO TH	E TERMINA	3						
A DISEASE	OR CONDITION	GIVEN IN PART	1 (A).	***************					********	
19A.DA	TE OF OPERATIO	WAS PERFO	ORMED	WHICH OPERATION	20A. AUTOPSY? (Y	es or No. 20	I CERTIFYING CA	FINDINGS C	ONSIDERED	
					NO		· CLANI, III. O OF			
OR CON DEATH OF INJU	CIDENT WAS UP STRIBUTING CA (notify medical ex	NDERLYING [] NUSE OF omlned	2 he	IR PLACE OF INJURY (e.g., i ome, iam, ioclary, street, of c.)	n or about 21 C. WHERE ffice bldg., INJURY OC	DID CUR?	(If In Balilma	re City, give	exact location)	
OF INJU	AE (Month)	Dayl (Year)	(Houd) 21	E INJURY OCCURRED	21 F. HOW	DID INJURY	OCCUR?			
E (APPROX			y	Vhile At Nat While At Work	• [
00.0										
				the deceased from AP		19 6	9_ta_MAY	_5	19_6	9
thot (1)	(we) last saw	the deceased	alive an	MAY 5	19.69	and that I	n (my) (aur) opi	nion deoth	accurred on the	e date
and hou	or and from the	causes store	d obove.	(4) (Me) (q1q) (ALIX 1695) A	lew the bady after	death.				
23A. SIGI	NATURE	MX		X				23B. DATE	SIGNED	
		Met 1		Atte	nding Med.	Staff	TV			
23C. PHY	SICIANS	0//		DEGREE Phys	Directo	r ☐ Phys	.,)	05/	05/69	
NA	SICIAN'S ME (Type)									
	5,	ALVADOF	1 001	ROZ, M.D.	ST AGNES	HOSPI	TAL CAT	ON & V	VILKENS	AVES
24A. BURIAL REMOV	CREMATION, 2	4B. DATE	24C.	NAME OF CEMETERY OF CRE	MATORY	24D. LOCA	TION (C	ity, tawn, ar e	county) (St	ate)
Buris		5/8/69	Re	ltimore Nations	1 Cemetery	Belti	more. Md.			
	RECO BY HEALTH	DEPT.		OF REGISTRAR	25C. FUNERAL DI		more, rade		ADDRESS	
	and a	1969	1	AG 5 B 30	Mitzke 341		ondson Av	e. 212		
VS 150-REV.	1/1/68		15 (7)	TR. BOOKA	1447 17 10	0 0"		- + , ~ 1^		

THE REPORT OF THE RESERVE AND ADDRESS OF THE PARTY AND ADDRESS OF THE P The state of the s

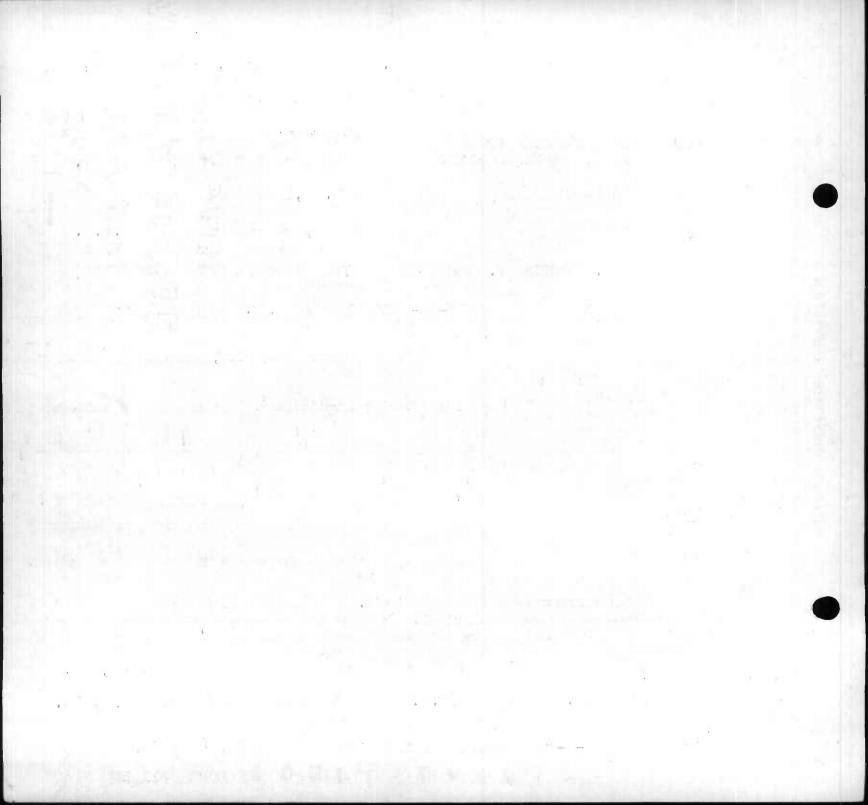
· Te to to the term of the ter

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

			BALTIMORE CIT	Y HEALTH	DEPARTMENT		00	A France
BIRTH NO.		69	4671 CERTIFICA	ATE C		REG. NO		4671
Type or Print)		S WHITN	EY CROMER JR.	3.6	MAY	3, 1969		7:45 A. M
. PLACE IN B	ALTIMORE, MARYLA	ND, WHERE PI	RONOUNCED DEAD	A. STAT		e deceased lived. If TY	institution; resid	dence before admission)
JLL NAME O OSPITAL OR STITUTION	F (IF NOT IN ADDRESS O	HOSPITAL OR I	NSTITUTION, GIVE STREET		OR TOWN	BALTIMORE D. IN	SIDE CITY LIMIT	8-54
00	513 ROCK BALTO, N				TIMORE ET AND NUMBER L3 ROCK GI	JEN ROAD	PALTO	MD MD
SEX MALE	6. RACE CAUCASI	7. MAF	RRIED NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months: Do	Yr. If Under 24 Hrs.
		11100	DIVORCED DIVORCED DIVORCED				12 CITIZEN	OF WHAT COUNTRY
	E'STATE ven if		NO OT BOSINESS OK INDOSIK	05.00	TO, MARY		234	S. A.
FATHER'S N	AME			14. MOT	HER'S MAIDEN NAM	ΛE	3 3	
THO	MAS W. CI	ROMER S	R. DECEASED	II	DA VIRGINI	YAH AI	(DECEA:	S幕D)
5. Was Deceas	ed Ever in U. S. Am	red Forces? or dotes of ser	vice) 16. SOCIAL SECURITY NO.	17. INFO	RMANT	51:	3 AI	DDRESS
YES	LWW		219-05-531	9 HE	RMIAN E. (ROAD
18. 4	10,91		CAUSE OF DEA				A	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION							
(This daes	not meen the me		e.g., (A) IMMEDIATE CA	USECOTO	nary Occlu	sion, Acute	2	Sudden
heart foilur	e, osthenio, efc. It omplication which	meons the dis		A CONSE	JOENCE OF:			
	ANTECEDENT C		Andread	7 .	- # * TT 1	D		
DISEASES	OR CONDITION	if any, g	iving DUE TO, OR A	S A CONS	rotic Heart	Disease		unknown
	the obave cause							
ONDEREIT	11	151,	(C)				***********	
	IIFICANT CONDITIO						30.1	
T IO THE DE	ATH BUT NOT RELATE CONDITION GIVEN	IN PART 1 (A).						
19A. DATE		AS PERFORMED	FOR WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	IN CERTIFYING C.		
21 A. ACCIE	ENT WAS LINDER	(ING 🗆	21B. PLACE OF INJURY (e.g.,	in or obout	NO WHERE DID	/if in Rollins	ore City, give e	nest leastine)
OR CONTR	BUTING CAUSE	F	home, form, foctory, street,	office bldg.	INJURY OCCUR?	(ii iii balliiii	ore city, give e.	xaci locollon;
)	(Month) (Doy)				21F. HOW DID INJ	LIRY OCCUP?		
21D.TIME OF INJURY	(((())))	(1.00)	While At Not Wh	ile 🗀	The field with the second	OKI OCCOK.		
			Work L At Work					
			ded the deceosed from					19_69
			on April 18			or in (my) (out) of	oinion deoth	occurred on the dot
23A. SIGNA		s stored obo	ve. (1)2(3Ke) (did) (did)36263)	view the	body after death.		23B. DATE S	SIGNED
	101	1 1	At At	tending X	Med.	Staff		, 1969
23 C. PHYSLE	TANS	14	DEGREE Ph	23D. ADD	RESS	Phys. 🗀	secty 0	, 2000
23 C. PHYSIC NAME	DEO 0	GAVE I	DEGRE		L MALLOW 1		, BALT	0, MD.
REMOVAL	REMATION, 24B. D. (Specify)	ATE 2	4C. NAME of CEMETERY OF C		24D. LO	OCATION	City, town, or c	county) (State)
BURIAL		6-69	LOUDON PARK C	EMETI	ERY BAI	TO, MARY	LAND	
SA. DATE REC	D BY HEALTH DEP	25B. N	ME OF REGISTRAR	25C.	FUNERAL DIRECTOR			ADDRESS
	VIAT 6 196	3	Les De Malling	LWE	BEE FUNER	AL HOME 5	311 EDI	MONDSON

EDMONDSON AVEN UE

VS 150-REV. 1/1/68



2-565

69 4672 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		MILDI	CAL	LAMMINERS	LKIIIICAIE	OF DL	REG. NOD	9 45/2
1. NAME OF	DECEASED				2. DATE Known	Mon	th Day	Year Hour
(Type or Print)	JOHN		2	ZIMMERMAN	OF DEATH Estimo	ted 🗆 Mar	2, 1969	2:30 P _M
4. PLACE IN	BALTIMORE, MA	RYLAND, WH	ERE PRO	NOUNCED DEAD	3. DATE	Mon	th Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTIO	ÀDDRE	T IN HOSPITAL		JTION, GIVE STREET	PRONOUNCED DE	May		2:30 P M.
South	Bal6imon	re Gener	ral Ho	ospital	A. STATE	. (mere deceo	B. COUNTY	V-48
6. SEX	7. RACE	8	MARRIE	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY	LIMITS?
Male	Negro		WIDOWE	D DIVORCED	Washington,	D.C.	YES	□ NO □
9. DATE OF E	BIRTH	10. AGE (In y lost birthdoy)		Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	1145 Fifth		NIAI	
11. BIRTHPLAC	CE (State or foreig	n country)		CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	DETECE	, 1111	
	CUPATION (Give		8. KIND O	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDE	EN NAME		
done dor my mo.	norworking ine, ev	en in contract)						
16. WAS DEC (Yes, no or unkn	eased EVER IN (own) (If yes, give w	U.S. ARMED F vor or dotes of	ORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT		ADI	DRESS
(This do	EASE OR COND LEADING TO es not meon the illure, osthenio, etc. complication which	DEATH mode of dying . It means the d th coused death	g, e.g., iseose,	DUE TO, OR A	AUSE Pulmonar AS A CONSEQUENCE OF	: injurie:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RISE TO	ES OR CONDITION THE ABOVE CALLYING CONDITI	USE (A) STATIN	GIVING NG THE	(C)	AS A CONSEQUENCE C)F:		
O THE	SIGNIFICANT CON DEATH BUT NOT E OR CONDITION	RELATED TO TH	IE TERMIN	1G				
20A. DAT	OF OPERATION	1 208. CONE	ITION FO	OR WHICH OPERATION WA	AS PERFORMED			21. AUTOPSY? (Yes or No)
. 4-22	-69	Fract	ture o	of left femur				Yes
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB. UNING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 100 clip, give exect location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? Baltimore—Washington Expresses UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED 22E. INJURY OCCURED 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR?						Cut-off 53 0		
23.	certify that I he	eld on Inc	uiry 🗌				sis, deoth in my o	
	sulted from: N			Accident XX Suicid		_	ermined monner	
		7	(-			DICAL EXAMI		
ACTI SIGN	JAL LATURE	uns	J. <) pul M.D	ASSISTANT ME			DATE SIGNED
	MINER'S LE (Type) Cha	arles S.	Spri	ingate, M.D.	ASSOCIATE ME	DICAL EXAMI	NER 📙	5-3-69
24A. BURIAL OREMOVAL (S	CREMATION, 2 pecify) C'D BY HEALTH E	48. DATE 5 -/0 - DEPT. 369	-69	24C. NAME of CEMETERY HAMME OF REGISTRAR	cemetern 25C. FUNERAL	Pri DIRECTOR 3	rion (city, town, nel flee 435-14	Country (Stole) Country Md DRESS treet M. W.

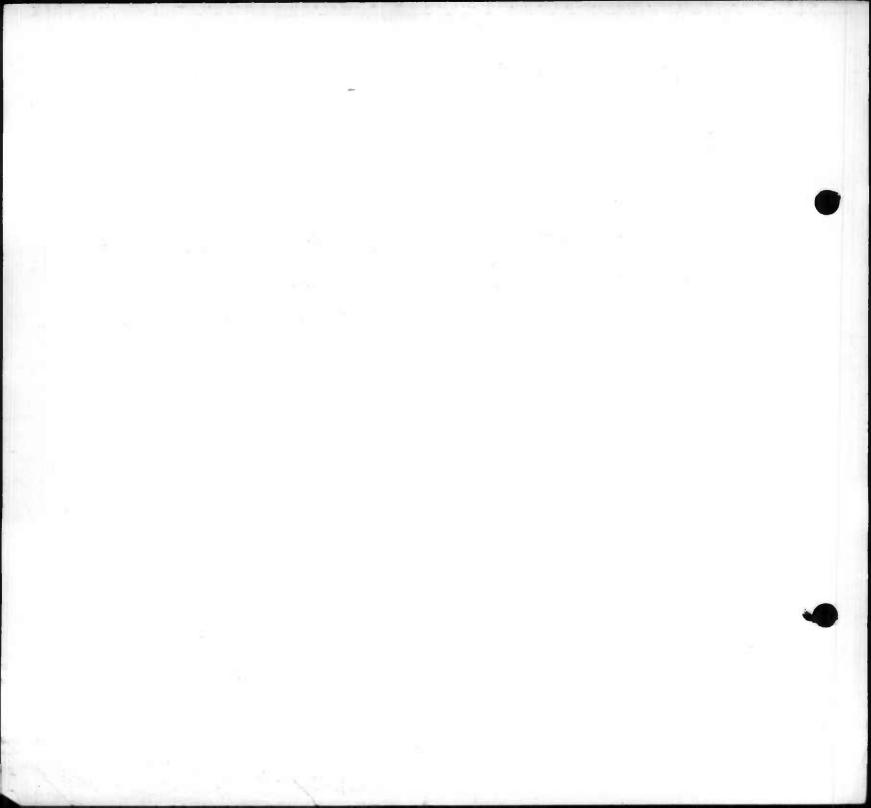
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13	V	4	U	6	ξ,

BALTIMORE CITY HEALTH DEPARTMENT

OF	DEATH	REG

G. No. 69 4673

B	RTH NO. CERTIFICA	TE OF DEATH REG. No.						
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
11(1	YPE OF PRON LILLIAN THOMPSON							
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)						
1	The state of the s	I A. SIAIL S. COUNTI						
III H	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
1	38 University Hospital	BALT. YES NO []						
-	o university Hospi	E. STREET AND NUMBER						
		936 Ridgley St.						
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED							
	WIDOWED DIVORCED	lost birthday , Menths! Deys Hours! Min.						
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF RUSINESS OR INDUSTRY	8/30/04 64						
do	ne during mast al working life, even if retired)	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY						
	Musle	Bultinge mil 11.11						
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
	Kand the Marille	Danie m						
15	Wes Deceased Ever in U. S. Armed Ferces? 16. SOCIAL seam or unknown) (If yes, give war or deley of semicor SECURITY NO.	17. INFORMANT ADDRESS						
(Y	s,na or unknown) (II yes, give war or delex of septice) SECURITY NO.	ADDRESS ADDRESS						
L	no	(this thompson Sung						
	18. 3 0 9 1 CAUSE OF DEATH							
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
	LEADING TO DEATH	SE C.V.A bilat 2 wks						
		A CONSEQUENCE OF:						
	injury or complication which coused death.)							
	ANTECEDENT CAUSES	abetes wellitus ankrumen						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:						
	inse to the above couse (A) stoling the	ſ						
	UNDERLYING CONDITION lost. (C)	**************************************						
z								
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
SA	IDISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************						
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?						
ER								
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	ice bldg. INJURY OCCUE? (If in Baltimere City, give exact lacation)						
3	DEATH (notify medical examined)							
EDICAL	21D-TIME (Menth) (Dey) (Year) (Heur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
2	OF INJURY (APPROX.) While At Nat While Werk							
	22. I certify that (1) (this hospital) attended the deceased fram	4/25 1967 to 5/3 1967						
	that (i) (we) last saw the deceased alive on	3 19 6 ond that in (my) (our) opinion death accurred on the date						
	and hour and from the causes stoted obave. (1) (We) (did) (did not) view the bady ofter deoth.							
	23A. SIGNATURE 23B. DATE SIGNED							
	Along M Kange M-4- Atten							
	23C.PHYSICIAN'S DEGREE Phys.							
	NAME (Type)	3D. ADDRESS						
	RONICA M. KLUGE, M.D. DEGREE							
24/	REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of CREE	MATORY / 24D. LOCATION (City, town, or county) (State)						
1	municipal 5-269 most not	- (h # Pro 11 ma)						
25	A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	and Ville gree						
	MAY 6 1969 (10 0 4)	25C, EUNERAL DIRECTOR ADDRESS						
4	A 1949 114 10 Y 0 114 1	Tales of Wilan Man						
Ve	150-REV. 1/1/68							



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attendance cause

n regular

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death

who pronounced

physician

where

death)

deceased prior to deat written approval must

25A. DATE REC'D BY

VS 150-REV. 1/1/68

was D.O.A.

any nature;

the body was released shows: (1) An accident

fracture of

etermined cause; (5) Deceased

a hospital and of death

occurred in contributing

a a			HEALTH DEPARTMENT	69
	н но. 69 46	74 CERTIFICA	TE OF DEATH	REG. NO.
	AME OF DECEASED or Print) Fred O'Brien		2. DATE AND HE	LAV 69
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where dec	eosed lived. A institution: reside
HO	L NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. City of town	D. INSIDE CITY LIMITS
-	The state of the s		Baltimore E. STREET AND NUMBER	YES 🔀
7	1105 E. Fayette St	reet	1807 E. Chase	Street
5. S		IED X NEVER MARRIED	8. DATE OF BIRTH 9. AC	GE (In years If Under 1 Youthday) Months; Doy
101	M N WIDOW	VED DIVORCED	July 10,1884	85
	during most of working life, even if retired	OL BOSINESS OK INDOSIKI	But the ward	Southly 12. CHIZEN
13. 1	FATHER'S NAME	L-1-2-2-130	14. MOTHER'S MAIDEN NAME	117 7 261
	Joseph O. Brien		Line.	
15. V	No. Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	AD
,,,,,,	ni	274 03 6930A	Mrs. O'Brien 2	400 Ashland Av
	18.//2 2 0	CAUSE OF DEATH		BETW
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AND MAKEDIATE CALL	CHF	
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the diserinjury or complication which caused deoth.)		CONSEQUENCE OF:	
	ANTECEDENT CAUSES	(4)		
	DISEASES OR CONDITIONS, if ony, given to the above cause (A) stating	3	A CONSEQUENCE OF:	
	UNDERLYING CONDITION last.	(c)		
LION	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Belotnal & V Armi	catavoits (+ areuses	udrome Kevis .
RTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	, •	20A. AUTOPSY? (Yes or No.) 20E	E. IF YES, WERE FINDINGS CO CERTIFYING CAUSES OF DEA
L CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical exeminer)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore City, give ex
	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While	21 F. HOW DID INJURY	OCCUR?
2	(APPR()X.)	Work At Work		

25B. NAME OF REGISTRAR

Colorando CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED No 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical exominer) 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 1969 Sept. 22. I certify that (1) (1) (1) (1) (2) (2) attended the deceased from 69 19 May and that in (my) (my) apinion death accurred on the date that (1) (Not last saw the deceased alive an and hour and from the causes stated above. (1) (15) (did) (22.25) view the body after death. 23A. SIGNATUR 23B, DATE SIGNED arorlar Hulla Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS E. Fayette Street THE Jaroslav Hulla.

BURTAL CREMATION, 24B. DATE
REMOVAL (Specify) 2214 DEGREE was HEALTH DEPT. ADDRESS

NO

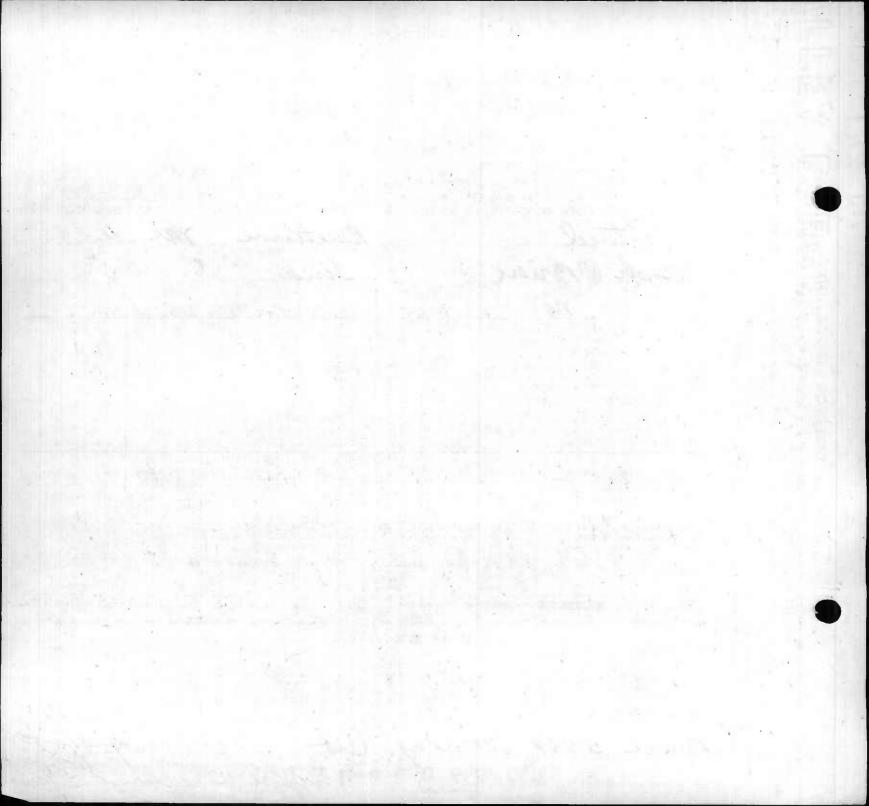
ADDRESS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

Ave

If Under 24 Hrs. Hours CITIZEN OF WHAT COUNTRY?



3-65 BIRTH NO.

> 1. NAME OF DECEASED (Type or Print)

FULL NAME OF

HOSPITAL OR INSTITUTION

Ma le

9. DATE OF BIRTH

6. SEX

CERTIFICAT

4. PLACE IN BALTIMORE, MARYLAND, WHER

14A.USUAL OCCUPATION (Give kind of work 14B. K dane during mast of working lile, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, na ar unknawn) (If yes, give Joy ar dotes of ser

11. BIRTHPLACE (State or loreign, country)

OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART 1 20A. DATE OF OPERATION 20B. CONDITI

EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)

4675 BALTIMORE CITY HEALTH DEPARTMENT

MEDIC.

MEDICAL EXA	MINER'S	CERTIFICATE OF	DEATH REG. NO.	69 4	1675
ME OF DECEASED OF Print) NATHANIEL GREEN ACE IN BALTIMORE, MARYLAND, WHERE PRONOUN NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, TAL ADDRESS OR LOCATION) POLICE BOAT "INTREPID"		2. DATE Known OF DEATH Estimoted STATE PRONOUNCED DEAD 5. USUAL RESIDENCE (Where CA. STATE Maryland	May May Manth Day May 2, 196 deceosed lived. Il institution B. COUNTY	Yeor Ho	M. Dur LO:45 Am. re admission)
ale Negro B. MARRIED I	DIVORCED	Bàltimore	D. INSIDE C	CITY LIMITS?	
	1 Yr, If Under 24 Hrs. Doys Hours Min.	222 N. Chapel	Street		
SUAL OCCUPATION (Give kind of work 148. KIND OF BUS	T COUNTRY?	13. FATHER'S NAME CHRISTON 15. MOTHER'S MAIDEN NAME		GREE,	m'
uring mastof working lile, even if retired)		HESTER	GRE	en	
AS DECEASED EVER IN U.S. ARMED FORCES? a ar unknawn) (If yes, give for ar dotes of service)	SOCIAL SECURITY NO.	MS KATHERIN	E JUHNSON	V 222	CHAPEL
E91A9	CAUSE OF DEA	тн			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foliure, osthenio, etc. if means the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(8)	*			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Fatty N	Metamorphosis of	Liver		
A. DATE OF OPERATION 208. CONDITION FOR WH	ICH OPERATION W	AS PERFORMED		21. AUTOPSY	? (Yes or No) 7eS
NDERLYING ☑ OR CONTRIB- TING ☐ CAUSE OF DEATH.	rm, foctory, street, offic		oot of Thames	2	-03
D. TIME (Month) (Doy) (Yeor) (Hour) 22E.1 FINJURY PPROX.) Unk • WHIL WOR		WHILE Unk. Report	ury occur? ced missing A	pril 25,	1969
	dent Suicio	Hamicide U CHIEF MEDICAL EX			te signed

ACTUAL SIGNATURE NAME (Type) Russell S. Fisher, M.D.

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, tawn, ar county)

5/6/69

SURIAL 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

25C. FUNERAL DIRECTOR

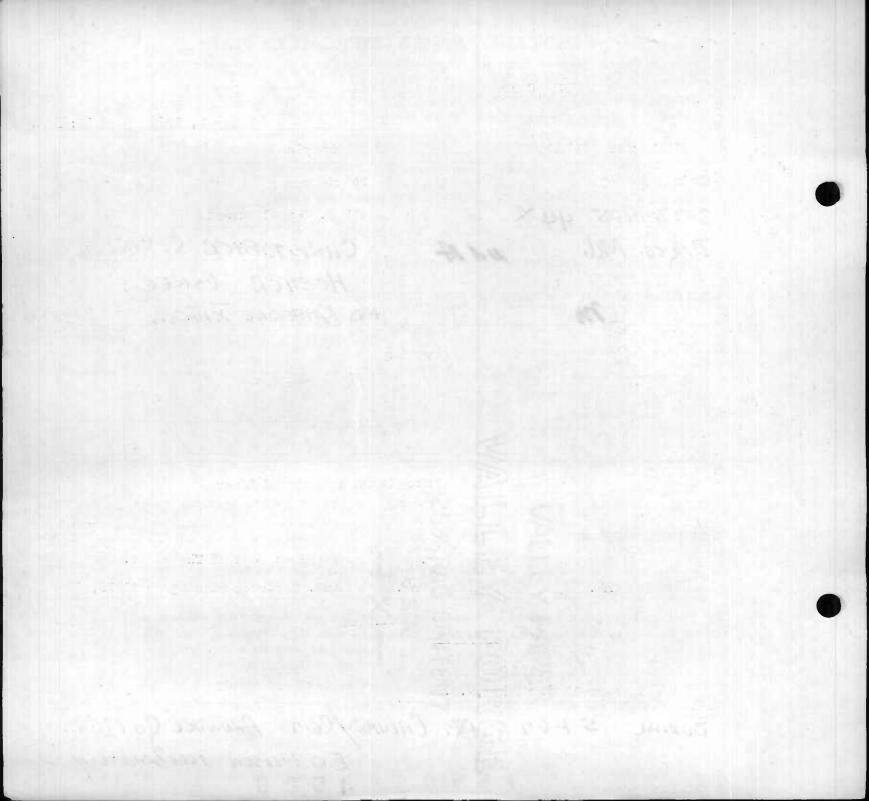
ASSOCIATE MEDICAL EXAMINER

VS 151-REV. 1/1/6B

24A. BURIAL CREMATION,

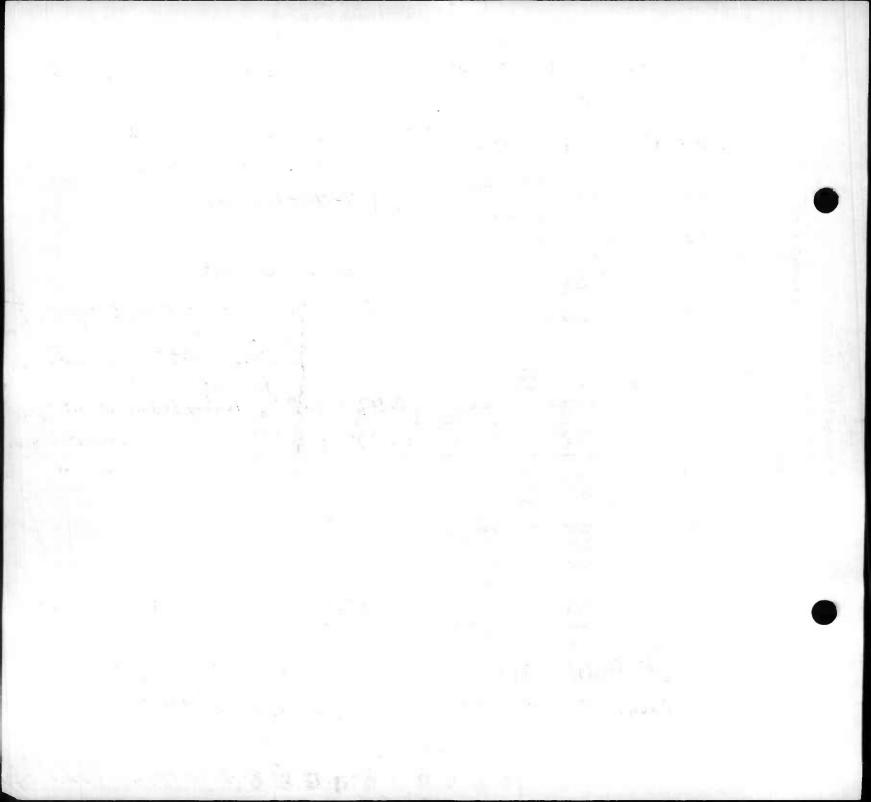
REMOVAL (Specily)

OF INJURY (APPROX.)



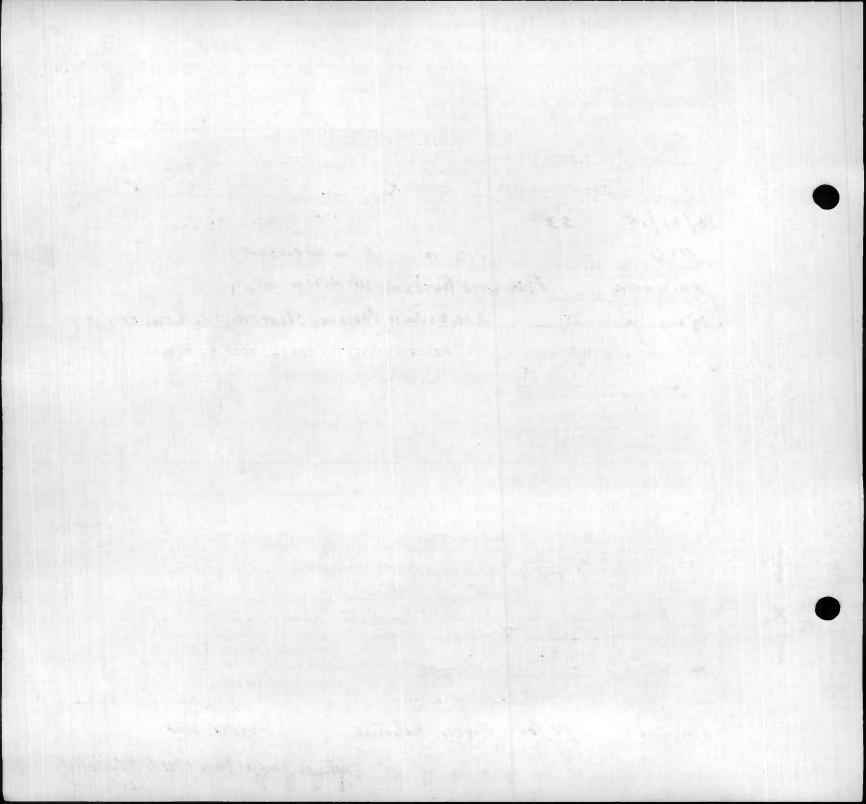
VS 150-REV, 1/1/68

	69 4676		HEALTH DEPARTME		69 4676
1,1	NAME OF DECEASED	^		TE AND HOUR OF DEATH	
СТу	pe or Print MARY JANE TAYLD	R		5/3/19	1515 4
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE	E (Where deceased lived, If in	nstitution: residence before admission)
FL	ILL NAME OF STRUCTURE OF LOCATION, ADDRESS OF LOCATION, HOSTITUTION, HOSTITUT	GIVE STREET	A. STATE RYLAN	COUNTY	8-07
1111	THE JUHNS HUPKINS HUS	PHAL	BALTIMO	RE D. INS	YES NO NO
-	BALTIMORE, MD 21205		E. STREET AND NUM		TES NO
			2042 E.	HOFFMAN STR	REET
5.	SEX 6. RACE 7. MARRIED NEV	ER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	FEMALE NEGRO WIDOWED	DIVORCED	7-27-	16 lost birthden	Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINI	ESS OR INDUSTRY	11. BIRTHPLA CE (Stale	at loreign country)	12. CITIZEN OF WHAT COUNTRY
100	Atomic a search		Louisea	in a	
13.	FATHER'S NAME		14. MOTHER'S MAIDE		
			EVA.	T	
15. (Ye	Was Deceosed Ever in U. S. Armed Forces? 5, no or unknown) (If yes, give war or dotes of service) SE(CIAL CURITY NO.	17. INFORMANT	/	ADDRESS
	no		CHARLES	E. TAY/01-	2042 F. Hollmen
No	(Inis does not mean the mode of dying, e.g., heat failure, asthenia, etc., it means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	C/A	A CONSEQUENCE OF: A CONSEQUENCE OF:	Proponer Proponer Da Kichney f	mments minerts cular at Gast Yyes recursed for yes
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************		B	
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE home, form, etc.)	OF INJURY (e.g., in factory, street, of	or obout 21 C. WHERE E	DID (If In Baltimor	e City, give exocl locotion)
0	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY	OCCURRED	21F. HOW DI	D INJURY OCCUR?	
1	(APPROX.) While At Work	Not While			
		Al Work	11/29	•• 1/4	12 12
	22. I certify that (I) (this hospital) attended the dece	osed from	7160	19 49ta	19 4 1
	that (1) (we) lost saw the deceased alive on 5/3				nion deoth accurred on the date
	ond haur ond from the causes stoted above. (1) (We)	did) (did not) vi	lew the body ofter de	eoth.	
	H Thest him	Atte	nding Med.	C Shiff ID	23B. DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys	. Director	Stoff Phys.	5/2
	DANIEL FURST MO	DEGREE	JOHNS)	HOPKINS HO	SP
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CREMOVAL (Specify) 5/7/69 "Met. (CEMETERY OF CRE		4D. LOCATION (C)	ty, lown, or county) this is the state of th
250	DATE REC'D BY HEALTH DEPT. 1958 NAME OF REGIS	TRAD	- 1050 511115011		



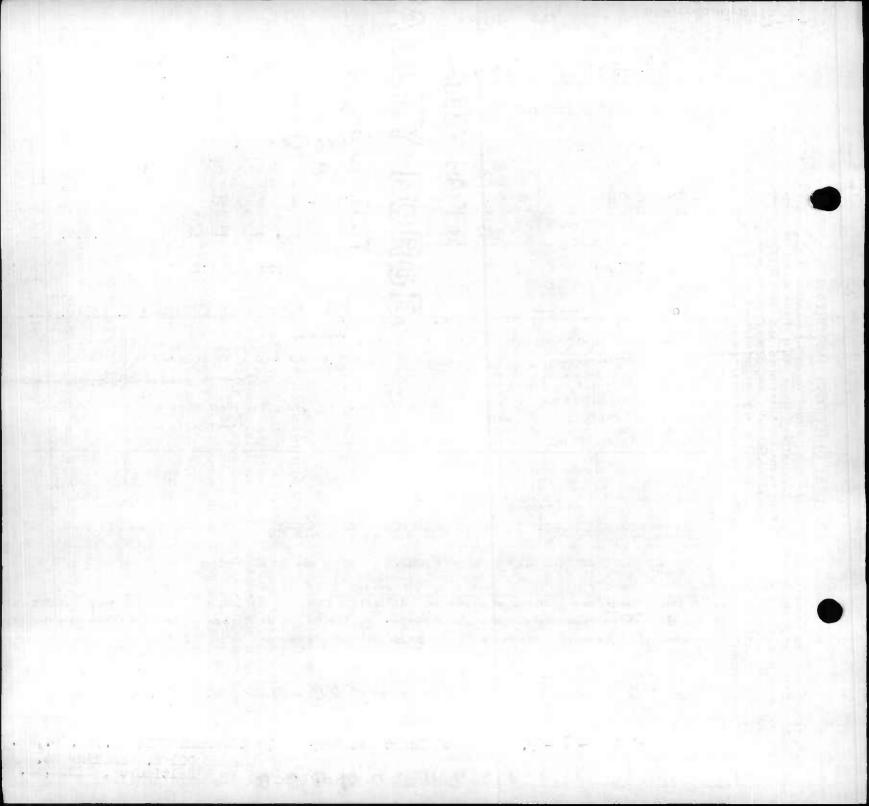
69 4677 BALTIMORE CITY HEALTH DEPARTMENT

RII	RTH NO.		MED	ICAL	EXA	MINER'S	CERTI	FICA	TE C	OF I	DEAT	H REG. N	0	63	45//
	NAME OF DEC	EASED					2. DATE	E K	nawn X	1	Manth	Day		Year	Haur
(Ty	pe ar Print)	COD	FREY	GORD	ON		OF	_	stimated		E	1.		69	
4.	PLACE IN BALT				-	CED DEAD	3. DATE	7.1		7	Manth	Day		Year	8:04 pM
HO	L NAME OF	(IF NO	T IN HOSPITA	L OR INSTITUTION)	JTION,	GIVE STREET	PROI	NOUNC	ED DEAD	-	lav	4. 196	59		8:04 m
OR	INSTITUTION					D.O.A.	5. USUA A. STATI		ENCE (W	/here o	leceased li	ved. if institu B. COUNT		sidence b	efare admission)
	Sou	th Bal	timore	Gener	al H	lospital	A. JIAII		arv1a	and		b. COUNT		d	5-61
6.	SEX	7. RACE		B. MARRIE	N	EVER MARRIED	C. CITY	OR TOV				D. INSIDE			
	ale	Colo		WIDOWE		DIVORCED		Lto.					YES	K)	NO L
٧. ا	DATE OF BIRTH	1	10. AGE (In last birthda)	years If	under anths [l Yr. If Under 24 Hrs. Days _i Haurs _i Min.	E. SIKE		NUMBE						
1	0/31/1	15	53	. ~						ker	t Dr.	F			
11.	BIRTHPLACE (S	tate ar fareig	n cauntry)	12		EN OF T COUNTRY?	13. FATI	HER'S N	AME						
	mo					5,1.	Wo	m. 6	POR.	Do	V				
	USUAL OCCUI			14B. KIND C	F BUSI	NESS OR INDUSTR	Y 15. MO	THER'S A	MAIDEN	NAM					
	LABOR	FR		EDGE!	NOOC	ARSENAL	m	BRT	hA	6	24				
	WAS DECEASE			FORCES?		SOCIAL	18. INF	ORMAN	T				ADDR	RESS	
(re	s, na or unknawn)	W, W	Ottown	at service)	2 3	SECURITY NO.	CARA	12010	Shar	mal e	R 5	26WI	-11/2	fan	AUE
	199	ww	Labora		1).	CAUSE OF DEA		MINE	UNGI	16	11- 0	nows	715	AP	PROXIMATE INTERVAL
	4/0	1.66				Arterios	oloro	tio	oardi	0777	501110	r dia	200		EEN ONSET AND DEAT
		E OR COND LEADING TO		CTLY				LIC .	cardi	.0 v a	scule	ir arse	:450		
	(This daes no heart failure,	at mean the asthenia, etc.	made of dy	disease,		(A) IMMEDIATE DUE TO, OR		SEQUEN	CE OF:						
	injury ar cam	plication which	th caused dea	ath.)											
NO	DISEASES O	R CONDITION OF CON	ONS, IF ANY USE (A) STAT ON LAST.	, GIVING TING THE		(B)(C)	AS A COI	NSEQUEN	NCE OF:						
CERTIFICATION	TO THE DEA	IFICANT CON ITH BUT NOT CONDITION	RELATED TO	THE TERMIN	IG AL	,0,00,000,000,000,000,000									
ERT	20A. DATE OF	OPERATION	1 20B. CON	NDITION FO	R WHI	CH OPERATION W	AS PERF	DRMED		17/1			2	I. AUTO	PSY? (Yes ar Na)
O	12														Partial
EDICAL		VAL CAUSE				E OF INJURY (e.g. m, factory, street, affi					in Baltima	re City, give	exact le		
Ö	UNDERLYING UTING CA			lito.	ine, idi i	ii, ideidiy, sireet, ditt	ce brug., en		., 0000	, IX :					
Σ	22D. TIME (ay) (Year) (Haur)	22E.1	NJURY OCCURRED		22F. 1	HOW DID	INJU	JRY OCC	UR?			
	(APPROX.)			m	WHILE		WHILE WORK								
	23.				-										
	I certi	ify that I h	eld on la	nquiry 🗌	Ins	spection $\square P$ A	topsy X	y or	nd that o	on thi	s basis,	deoth in r	ny op	inion	
	result	ed from:_N	atural cau	ses XX	Accid	ent Suici	de 🗌	Homici	ide 🗌	บ	n de termi	ned monne	er 🔲		
		()	0	LI	91			CHIE	F MEDIC	AL EX	AMINER				DATE CLONED
	ACTUAL SIGNATU	IDE COL	1	11	JIL	M.I	. A	SSISTAN	IT MEDIC	CALEX	AMINER	xx			DATE SIGNED
	EXAMINI							SSOCIAI	TE MEDIC	AL EX	AMINER				
	NAME (T		Edwa	ard F.	Wil	son, M.D.								Ma	y n5, 1969
	A. BURIAL CREA		4B. DATE			AME of CEMETERY	or CREM	ATORY	2	24D. L	OCATION	(City, t	awn, a	r caunty	(State)
KE	MOVAL (Specif		-19	169	Bo	of with	-01		400	13	1 Oto	. Wes	-		
25	0	BY HEALTH I	DEPT.	25B. NA	ME OF	REGISTRAR	25	C. FUNE	ERAL DIR	ECTO	-			RESS	
	BA /		1969	100	15-1	7 70000	01.30	1.+		1000	11/1	100	12	Tan.	00.1.6+
	11/1/	11 0	1000	10	1	9 0 3	C	uny	anti	LIVE 1	er cho	M -1 701	111	A	1111
VS	151-REV. 1/1/6B				5.4	7000		1 3	0	1			2	all 4	nu



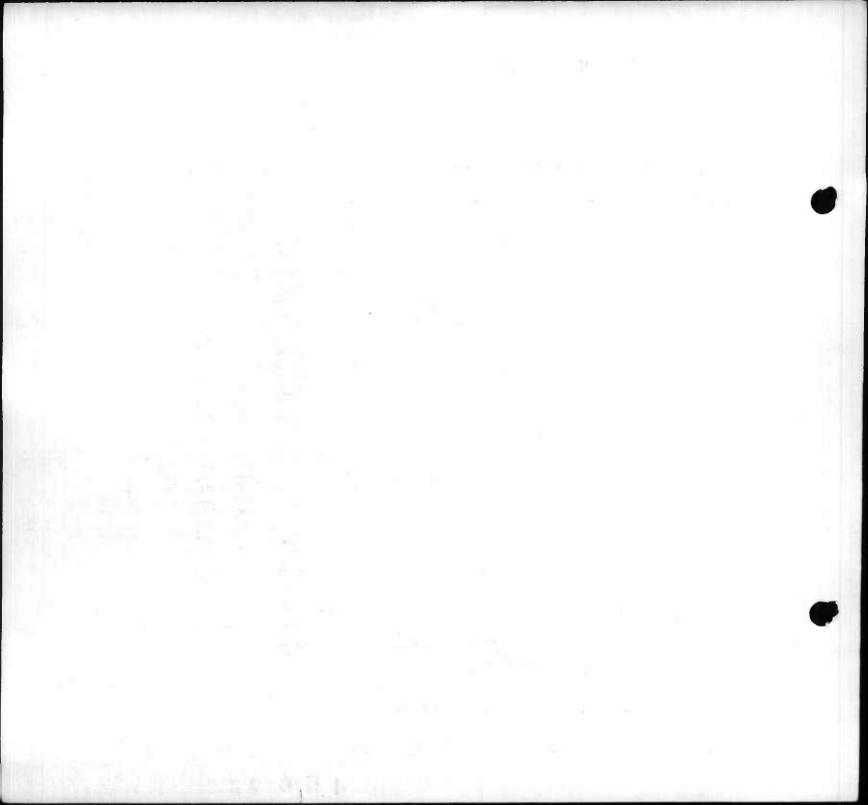
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s	K-650 69	7 40/8	TE OF DEATH	REG. NO	CO ACTO				
1	BIRTH NO.	CERTIFICA		ID HOUR OF DEATH	69 4678				
	Type or Print) MARY H.	KERN	TIA TISTIAL PESIDENCE (WAS	MAYIC	169 7,05 P.M.				
	3. PLACE IN BALTIMORE, MARYLAND, WH		A. STATE B. COUN	ITY	16-08				
- 11	FULL NAME OF (IF NOT IN HOSPITA' HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET TION)	MARYLAND C. CITY OR TOWN	D. INS	DE CITY LIMITS?				
	BALTIMORE CITY HOSPITA	ILS	BALTIMORE		YES NO				
	4940 EASTERN AVENUE BALTIMORE, MARYLAND	21224	E. STREET AND NUMBER 3 SOUTH CONKI	TNG STREET	23224				
1		7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.				
	FEMALE WHITE	WIDOWED DIVORCED	10-29-98	70					
	da. USUAL OCCUPATION (Give kind of work)				12. CITIZEN OF WHAT COUNTRY?				
	HOUSEWIFE 3. FATHER'S NAME	AT HOME	MARYLAND , B.		U.S.A.				
	GEORGE THOMAS			SIHANEK					
1	5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give war ar dates	es? 16. SOCIAL	17. INFORMANT	Por dead district standards	ADDRESS				
	No	af service) SECURITY NO.	BCH: RECORDS	A9AO EASTER	N AVE. BALTO, MD.				
1	18.412.41	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OF CONDITION DIRE	ECTLY (A)IMMEDIATE CAU	is and the same of	O in Last	7				
	(This does not mean the made of heart failure, asthenia, etc. It means to	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:						
	injury or complication which caused death.) ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the above cause (A) stating the UNDERLYING CONDITION last.								
	OTHER SIGNIFICANT CONDITIONS CON	E TERMINAL							
	▼ DISEASE OR CONDITION GIVEN IN PART	STION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED				
			NO						
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	(If In Baltimo	re City, give exoct location)				
	21D.TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	(APPROX.)	While At Not While At Work							
	22. 1 certify that (1) (this hospital)	MAN I		19 69 to	4 May 1969,				
	ond hour ond from the couses state			not in (1915) (our) op i	nion death occurred on the date				
	23A. SIGNATURE	d obove. Wy (we) (did) astropoly	new file body offer deoffi.		23B. DATE SIGNED				
	DamielC	A allock DEGREE Phy	ending Med. Director	Shaff Phys.	4 Flay 1969				
	23C.PHYSICIAN'S NAME (Type)		23D. ADDASS O EASTER	N AVE. BALT	p. MD. 21274				
	DANIEL . H	AD LOCK DEGREE 24C. NAME OF CEMETERY OF CRI	'S allemore	OCATION (C	ity, town, or countyl (State)				
	REMOVAL (Specify) Burial 5-8-6				ill Rd., Ba. Co., Md.				
		9. Sacred Heart	25C. FUNERAL DIRECTO						
	0 1969 01	9 6 9 0 0	Charles &	seeler Balt	S. Conk Pring St. imore, 21224, Md.				
1	/S 150-REV, 1/1/6B								



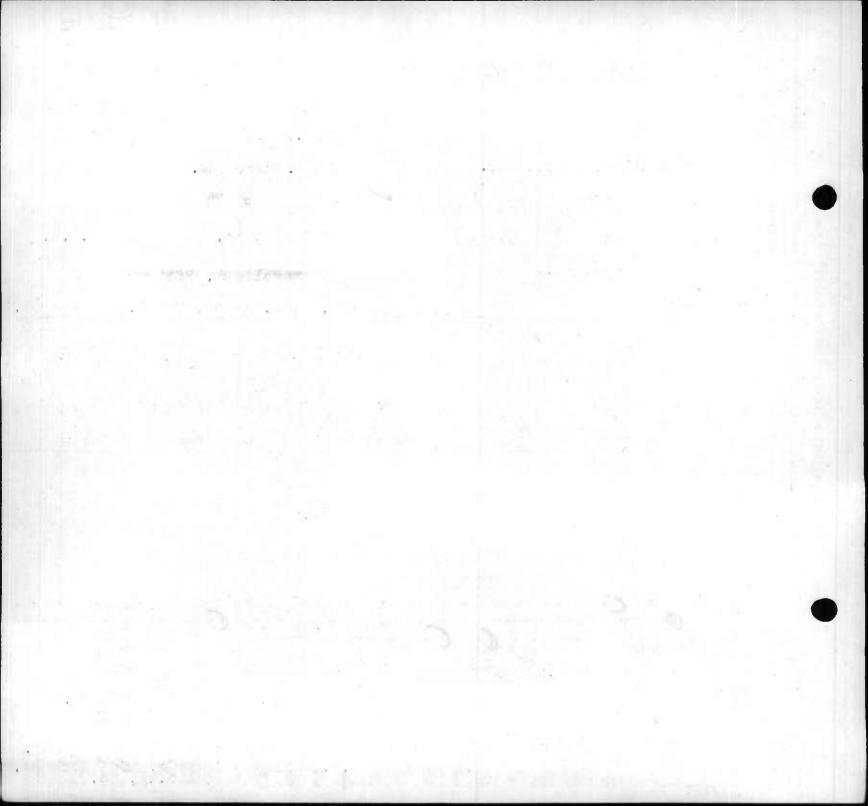
BALTIMORE CITY HEALTH DEPARTMENT 69 This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. CERTIFICA	TE OF DEATH							
1. NAME OF DECEASED (Type of Print) ROSSI, Louis	2. Date and Hour of DEATH 5/5/69 1:15 P.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)							
FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTION CIVIS STATES	Maryland							
HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
20	Baltimore YES NO NO							
The Johns Hopkins Hospital	643 S. Decker Ave.							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (in years If Under 1 Yr. , If Under 24 Hrs.							
Male White WIDOWED DIVORCED	3/12/03 83 1							
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working lile, even if refired)								
CEMENT WORKER RETIRED	Haly U.S.A.							
Emidio	14. MOTHER'S MATDEN NAME Concetta Falcone							
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	V-1002-200-00-0							
es, no or ynknown) Ill yes, give wor or dotes of service)	ADDRESS S							
18. (CAUSE OF DEATH	APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY	Right Uses Lake Good BETWEEN ONSET AND DEATH							
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUS	se acquire freumore 12 w/6							
heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	CONSEQUENCE OF:							
ANTECEDENT CAUSES	12.							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)								
11								
LIDISEASE OR CONDITION GIVEN IN PART 1 /A)	VO with again Bran Synd							
19A-DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208 15-YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office)	or about 21 C. WHERE DID (If In Salitmare City, give exact location)							
	21F. HOW DID INJURY OCCUR?							
(APPROX.) While At Not While At Work								
22. I certify that A (this hospital) attended the deceosed from	4/26 1969 10 5/3 1969							
that (A (we) last saw the deceased olive on	19 69 and that Intery) (our) opinion death occurred on the date							
and haur and from the causes stated abave. (We) (did) (did not) vie	ew the body ofter death.							
Attending Med. Shoff Director Shoff Director Shoff Director Shoff Director Shoff Director Shoff Director Direct								
DECLAMYSICIAN'S NAME (Type) The form of the control of the contro								
A. BURIAL CREMATION, 248. DATE / V24C. NAME of CEMETERY OF CREM	AATORY 24D. LOGATION (City, towlet, or county) (State)							
Buria 5/8/19 Holes Redon	10 A Da Da Da Comyi							
A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C, PUNERAL DIRECTOR ADDRESS							
MAY 6 1969 (30) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	fresh Hoponnes 263 8. longle							
150-REV. 1/1/68								



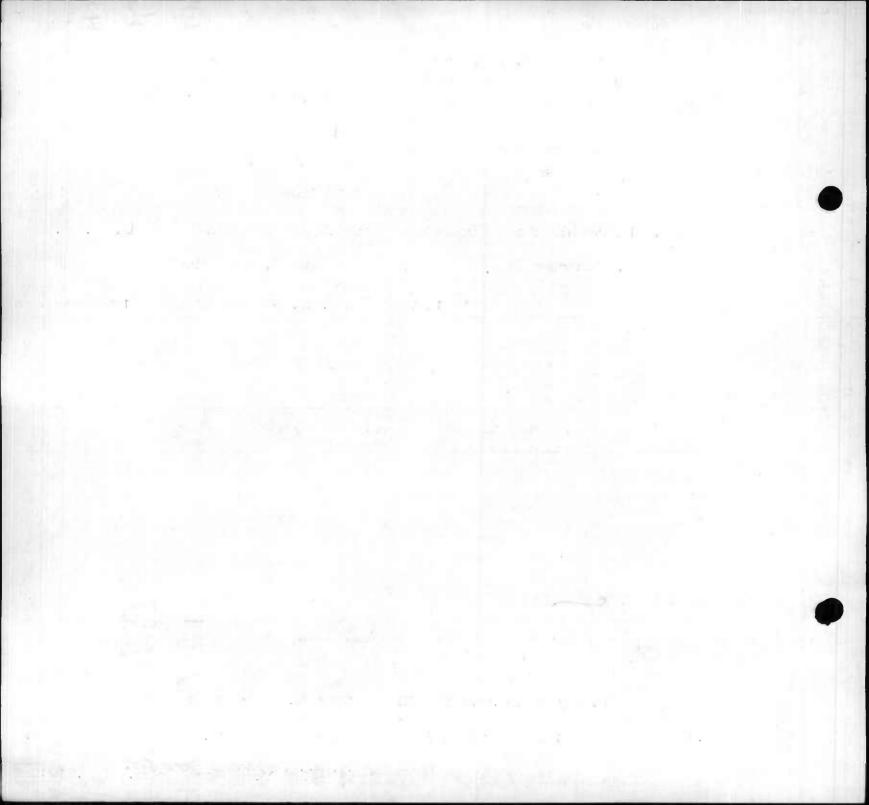
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FUNERAL DIRECTOR: IMPORTANT	AIS	att
OR:	iner	o o
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the contributing cause of death the contribution of the c	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the description of the control of the
	is ce	is D.
	나	d × d

69 4680	BALTIMORE CITY I	HEALTH DEPARTMENT		60 4000
00 100	CERTIFICAT	TE OF DEATH	REG. NO	03 4680
BIRTH NO. 1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) VERA A. TURNE.	0	2, 57, 16 7, 16	5/2/6	0 1 1:300
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS				nstitution: residence before odmission)
		A. STATE B. COUNT	Y	11 01
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		Maryland		12-06
INSTITUTION ADDRESS OF EGGATION		C. CITY OR TOWN D. INSIDE CITY LIMITS?		
43		Balto., 2121	8	YES X NO
		E. STREET AND NUMBER		
South Baltimore General Hosp.		2327 N. Char	les St.	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED 8		AGE (In years	Months Days Hours Min.
F White WIDOWED	DIVORCED A	3/15/95	711	
IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		Dollatmana	M.a	TT C A
Housewife Retir	red	Baltimore, MOTHER'S MAIDEN NAM	Ma.	U.S.A.
13. FATHER 3 NAME		4. MOTHER'S MAIDEN NAM		
Thomas Milton Jones		Ameli	a E. Pfe	fer
	1 6. SOCIAL SECURITY NO.	7. INFORMANT	100	ADDRESS
No	SECURITI NO.	Mrs. S. O. J	ones 70	O N. Charles St.
	212-30-30/160 CAUSE OF DEATH	1	01103, 10	APPROXIMATE INTERVAL
18.009,21	CAUSE OF DEATH			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		a +		2 1
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS	E ama gastin	extents	fundup.
heart foilure, asthenia, atc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication which caused death.)				4 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3
ANTECEDENT CAUSES	(a) arter	tireliate la	wholesees	4 ullan
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A	CONSEQUENCE OF:		
rise to the obove couse (A) stoting the	· at	True Din	0	o alch
UNDERLYING CONDITION lost.	(c)	over my	comple	
_				
O THE DEATH BUT NOT RELATED TO THE TERMINAL				
I ✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
THE CO.		Ro		
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimo	re City, give exoct location)
DEATH (notify medical examiner) etc.)	,,,,,			
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
S OF INJURY	e At Not While			
(APPROX.) Work	At Work			
22, 1 certify the (1) (this haspital) attended the	e deceosed from	3/25 19	69.0	\$ 3 1969
that (M) (we) last sow the deceased olive on	5/3	196_9ond tho	in (my) (aur) api	inion death occurred on the date
			(33, 34	
and haur ond from the causes stated above	(We) (did) (did nat) vie	ew the bady after death.		DATE CICHED
23A. SIGNATURE	5			23 B. DATE SIGNED
	Phys		hys.	6/4/69
a Tillar				
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS		, ,
23C. PHYSICIAN'S NAME (Type)	DEGREE		n 58	St MJ and
ALLAN H. A	ACHT MO DEGREE	26 RES	10 88	BU MI 2102
23C. PHYSICIAN'S NAME (Type) ALLAN H. M. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAI	ACHT MO DEGREE	26 RES	49 ST CATION (C	BU Med 21202 City, town, or county) (Stote)
24A. BURIAL CREMATION, 24B. DATE 24C. NAIREMOVAL (Specify)	ME of CEMETERY OF CREA	3D. ADDRESS 2 E REP MATORY 24D. LO		
PAME (Type) ALLAN H. M. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAI	ME of CEMETERY OF CREA	D. Address 26 RE/ MATORY 24D. LO Bal	timore	. bM
PALAN H. M. 124A. BURIAL CREMATION, 24B. DATE 24C. NAIREMOVAL (Specify) Burial 5/6/1969 Lo	ME of CEMETERY OF CREA	3D. ADDRESS 2 E REP MATORY 24D. LO	timore	Md.



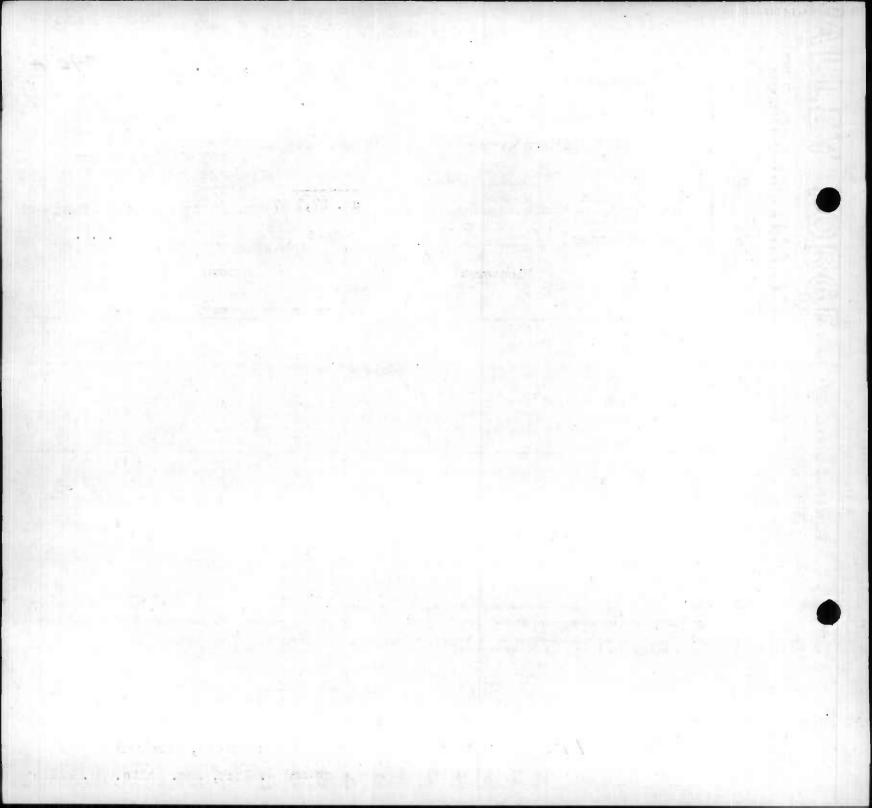
FUNERAL DIRECTOR: IMPORTANT

	- /6/	Y HEALTH DEPARTMENT 09 4681
hospital and use of death; (5) Deceased dance on the death. Such	BIRTH NO. 63 4681 CERTIFICA	ATE OF DEATH X REG. NO
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type or Print) Edward A. Schaefer	May 2, 1969 6 45 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Balto.co. 53-00
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
a ca		Baltimore YES T NO
in a signature of the s	90 Gould Convalesarium	E. STREET AND NUMBER
e p r d	·	508 Castle Drive
ibu ibu	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
ntrik rmir egul ased s ma	M WIDOWED ★ DIVORCED	4-19-1886 83
rer re re ced	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
de inde	Ret'd. Hochschild Kohn Supervisor	Baltimore, Maryland U.S.A.
direct of direct	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward A. Schaefer, Sr.	Anna M. Lambdin
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS Lane
sto ne led	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 215-10-720(
d d d	210 10 1200	
s and an or or	77017	BETWEEN ONSET AND DEATH
of of of the of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11.0
APOEE	(A) IMMEDIATE CA	S A CONSEQUENCE OF:
er. ctu oro ar ba	heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)	- 0
fra o F gul	ANTECEDENT CAUSES	Sugar Course
A f	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
3 × 6 × 6	rise to the above couse (A) stating the	- It loulette 10 10 10 5
ins ins	UNDERLYING CONDITION Iosi. (C) Alexa	on prosecue mypering 10 years
dic icc icc icc icc icc icc icc icc icc	Z OTUGO SIGNUSISANI GONDINON GONTOINITING	
be by hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
A P P P P P P P P P P P P P P P P P P P	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
chi Bo Bo th th ysi	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218. PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES OF DEATH?
the classification (2) B ere the phy efore	OR CONTRIBUTING TO CAUSE OF	, in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
tal tal	DEATH (notify medical examiner)	
d y A P	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ed hos atu atu (6)	While At Not Wh	
y n y n y n y n		
th an		
B 0 0	that (I) (*a) last saw the deceased alive an District 2.3	
st be a used to ent of spital death)	and haur and fram the causes stated above. (1) (We) (Hid) (did nat)	
eased ident hospit o deat	23A. SIGNATURE	tending Med. Staff
at the	DEGREE	nys. Director Phys. L
vas rel An acc at a l prior to	23.PHYSICIAN'S NAME (Type)	23D. ADDRESS
was r An a A. at prior	Dr. Stephen J.VanLiii, III	3502 N. Calvert Street
A D D D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
certific sody w /s: (1) A D.O.A. assed pi	Burial 5-6-1969 Loudon Park	Cemetery Balto., Md.
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
t t x x x x	MAY 6 1969 (Deta. 9 10 cm	H. W. Jenkins & Sons Co., Md.21212
	VS 150-REV. 1/1/6B	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	0 = 3	63		BALTIMORE CITY	HEALTH	DEPARTMENT		69	4682
/	-53	69	4682	CERTIFICA	TF O	F DEATH	REG. NO	00	4002
	TH NO.		200%	CERTIFICA			ND HOUR OF DEATH		
	e or Print)	WALTER	PIONT	KOWSKI		May	5, 1969.		740 A M.
3. 1	PLACE IN BALT	IMORE, MARYLAND, WH	ERE PRONOUN	ICED DEAD	A. STATE	B. COU	ere deceased lived, If NTY	institution; resid	dence before odmission)
FU!	LL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUT	ION, GIVE STREET	c. CITY C	Md • OR TOWN	Ip. IN	SIDE CITY LIMI	TS?
IIA 3	MITOTION	۲۱ ۵۵ D: ۱۷ .				altimore		YES 🎏	NO []
0		5403 Biddiso	n Avenu	е	E. STREE	T AND NUMBER	5403 Bid	dison A	venue
S. S			MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months D	Yr. If Under 24 Hrs.
	Male		WIDOWED	DIVORCED _	Oct	/27 1897	71		
		PATION (Give kind of wark) (varking life, even if retired)	B. KIND OF B	USINESS OR INDUSTRY	11. BIRTH	PLACE (State de for	reign country)	12. CITIZEN	OF WHAT COUNTRY?
R	etired (Carpenter			Pol	Land		U,	S.A.
13.	FATHER'S NAM	AE			14. MOTI	HER'S MAIDEN NA	AME		
		?	Piontow	ski.			Unknown		
1S. V	Was Deceased	Ever in U. S. Armed Force	s? 1	6. SOCIAL SECURITY NO.	17. INFOR	THAM		A	DDRESS
	No			7.00	Mrs N	Martha Pio	ntkowski	Same	9
	18.			CAUSE OF DEAT	Н				APPROXIMATE INTERVAL
		E OR CONDITION DIRE	CTLY		,/	1/ 1/	21 1/1		
		LEADING TO DEATH of meon the mode of d	lvina ea	(A) IMMEDIATE CAL	ISE STORY	persugar	ma Rt / Idu	29/	
	hearl failure,	osthenio, etc. 11 meons th	ne diseose,	DUE TO, OR AS	A CONSEC	VUEN CE QF:		′	
		plicotion which coused d ANTECEDENT CAUSES	eom./	Tasta	tot.	Puly me	ty Ce		
				(B)DUE TO, OR AS	A CONSE	OHENCE OF	7 -		
	rise to the	R CONDITIONS, if an obove couse (A) s		DOC 10, OK 23	× 00143E	QUENCE OF.	0		
	UNDERLYING	CONDITION lost.		(c)	***				
z		II .			ann arraff				
ATION	TO THE DEAT	CANT CONDITIONS CONT H BUT NOT RELATED TO THE	TERMINAL						
	19A. DATE OF		TION FOR WI	HICH OPERATION	20A. A	AUTOPSY? (Yes at N			
ERTIFIC	0	WAS PERFO	RMED	In the second second		-	IN CERTIFYING C.	AUSES OF DE	ATH?
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF medicol exominer)	21 B. P hame, etc.)	LACE OF INJURY (e.g., i form, foctory, street, of	n ar obout ffice btdg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltime	are City, give e	xoct location)
	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, 1	NJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?	111111111111111111111111111111111111111	
8	(APPROX.)		While Work	At Not While At Work					
	22. 1 certify	that (1) (this haspital)	attended the	deceased from a	horel	61	19 69 to M	Ry 5,	1969.
		last saw the deceased			U				accurred an the date
		fram the causes state	d abave. (I)	(We) (did) (did nat) v	iew the l	bady after death.			
	23A. SIGNATU	RE	. C))	adia a	/ 44 -	5 · · · · · · · ·	23 B. DATE	SIGNED
	ar few Kungarage M. V DEGREE Phys. Director Phys. 5/5/69								
	PHYSICIA NAME (T)				23D. ADDI	RESS	210		
	And	YEN KUNKO	MSITI	DEGREE	252	19 Esse	sk Hue.	20	7
24A	REMOVAL (S	pecify) 24B. DATE	24C. NAA	AE of CEMETERY or CRI	MATORY	24D.	LOCATION	City, town, or o	caunty) (State)
	Burial	5/8/69	Park	cwood		Ba	altimore. Ms	rvland	
25A	. DATE REC'D		58. NAME OF				altimore, Ma		ADDRESS
	MAY	6 1969	9 5	9.000	AI	Leonard Ja	Ruck, Inc.	Balto.	Md. 21214
VS	150-REV. 1/1/6	В				-			



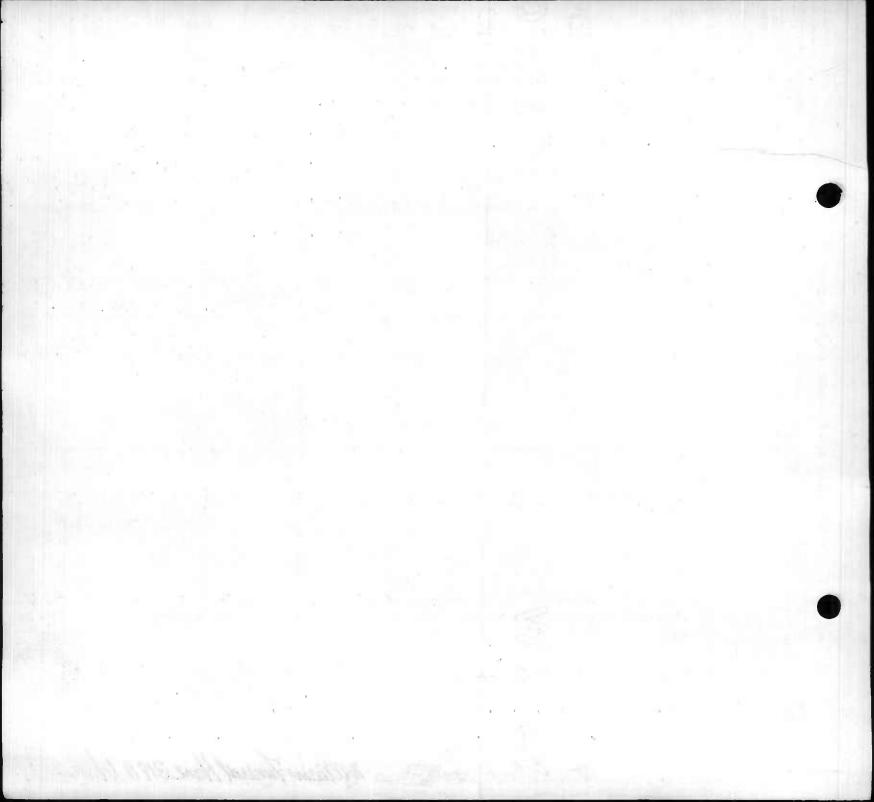
_					-
	BALTIMO	RE CITY	HEALTH	DEPARTMENT	

00 400

REG. NO.	69	4683
	00	TO CO

BIRTH NO.	4000 CERTIFICA	TE OF DEATH	KLO. 140.	93 4000
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) Jerry Tur	ner Jr.	May 2	2,1969	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md•		18-02
INSTITUTION		C. CITY OR TOWN Balto.	D. INSI	YES X NO
227 N. Carrollton Av	е.	E. STREET AND NUMBER		YES NO L
00			ollton Ave	
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
Male Colored WIDO	WED DIVORCED	Aug .10,1914	54	
10A. USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Polto Ma		
Truck driver		Balto. Md.		
13. FATHER S NAME		14. MOTHER 3 MAIDEN NAT	ALE.	
Jerry Turner		Susie Vaugh	1	
15, Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		Mary Martin 2	27 N. Car	rollton Ave•
18. 1 7 7	CAUSE OF DEAT		244 0001	APPROXIMATE INTERVAL
LEADING TO DEATH (This daes not mean the made of dying, heart failure, asthenia, etc. It means the disinjury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIND IN EAST 1 (A).	(B)	A CONSEQUENCE OF:	LIVER	4 P(0N) a 1
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, farm, loctory, street, etc.)		(If in Baltimor	e City, give exoct location)
Q 21D. TIME (Month) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S (APPROX.)	While At Nat Whi			
	Work At Work	12	10- 1	1-
22. I certify that (I) (this haspital) attend	ded the deceased from	120	190 0 to 0	19.6%.
that (I) (we) last saw the deceased alive	an 0//6	719and th	at in (my) (aur) opi	nian death accurred an the date
and pour and from the causes stated aba	ve () (We) (did) (did nat)	view the bady after death.		
23A. SIGN AT DRE	// /			23B, DATE SIGNED
1 Part = x	Dhy	ending Med.	Staff Phys.	5/5/69
23.C. PHYSICIAN'S	DEGREE "	Inch and and		10/0/1
NAME (Type)		601 N. Carro		
J. Preston Grant, M.				
Burial (Specify) 5/6/1969	Mt. Auburn		alto. Md.	ity, lown, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ud/Home	319 M. Schroeder St.

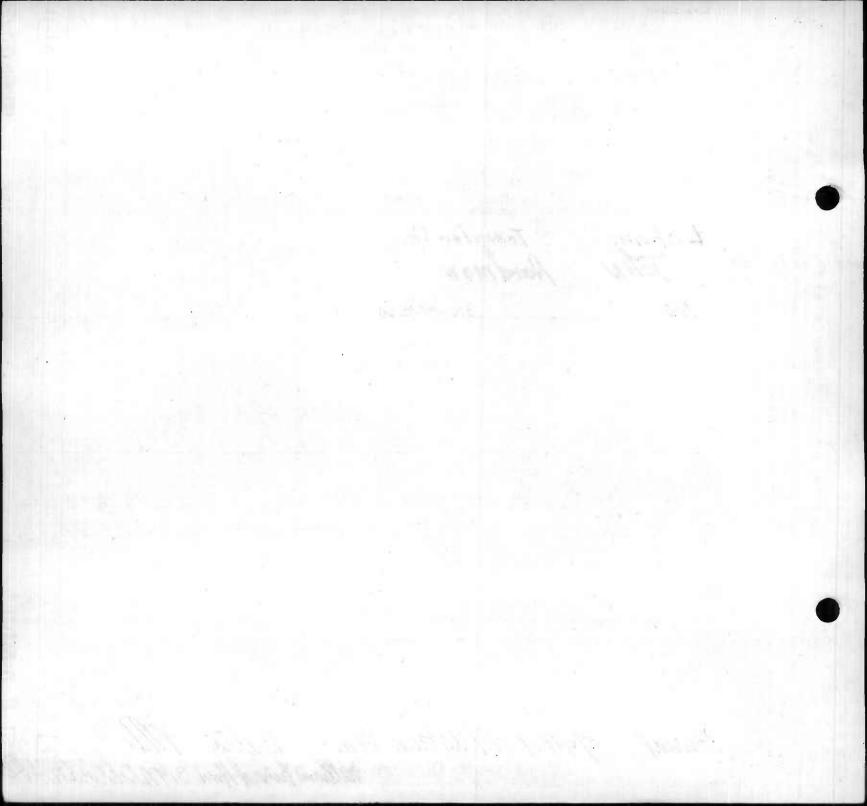
VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

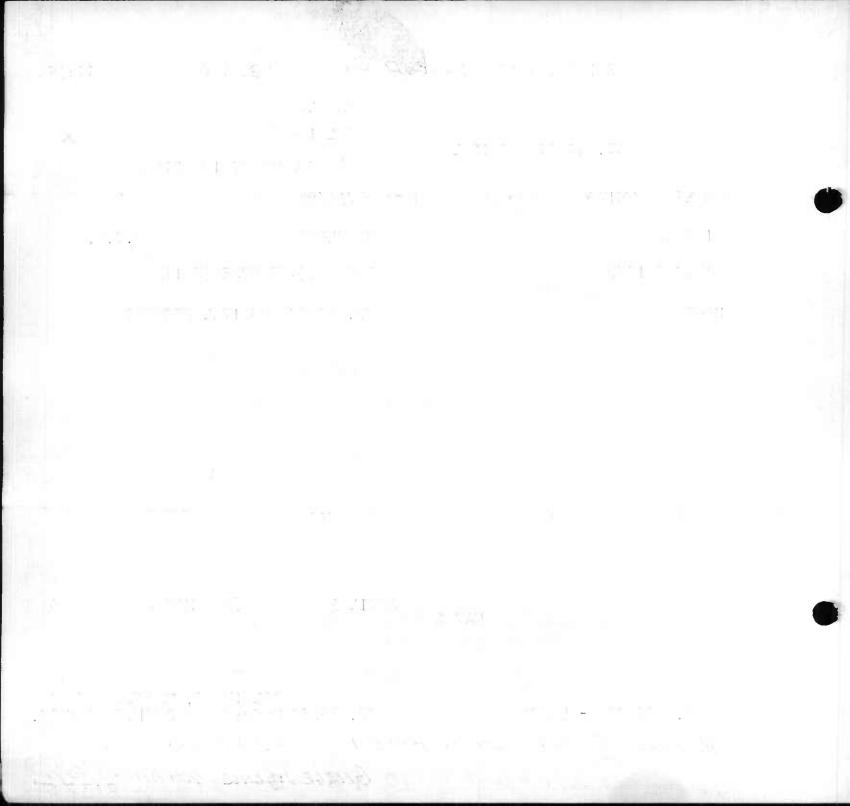
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 69 4681 CERTIFICATE OF DEATH REG. NO. 69 4681
1. NAME OF DECEASED , 2. DATE AND HOUR OF DEATH
Type or Find And MAN. DAVID D 5-1-69 150 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN. D. INSIDE CITY LIMITS?
Nouhan View Carill Center BAMIMORE YES NO
90 E. STREET AND NUMBER 906 W. DAVA TOGA ST.
5. SEX 6. RACE N P. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months; Days Hours; Min.
M WIDOWED DIVORCED 12-15-98
10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) done during most, of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
Laboner Transfer Co. Mary land.
13. FATHER'S NAME
JOHN HOUND W FANNY HOLLAND
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
No 216-09-4260 PATIENT KECOND
18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Sun Chagener Carcenerae 6
(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) Multiplication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving B
rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical exami
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Not While At Work
22. I certify that (1) (this haspital) attended the deceased fram 4/30 1969 to 5/2 1969
that (1) (we) last saw the deceased alive an 5/1 1969 and that in (149) (au) apinian death accurred an the date
and haur and fram the causes stated abave. (D(We) (did) (did) (did) view the bady after death.
23A. SIGNAPURE 23B. DATE SIGNED Attending Med. Stoff
23 O. PHYSICIAN'S 23 D. ADDRESS 23 D. ADDRESS
MAME (Type) ALEWIZATOS MA 1209 SA Paul 87 Bello 21205
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Gity, 1974), or county) (Stote)
Burial 5/6/1969 Mr. Ulkaem Cem. Ballo Ylla.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUSIERAL DIRECTOR
The Secretary the Sureral Home 31971 Servolder St.
Vs 150-PEV 1/1/68



REG. NO. CERTIFICATE OF DEATH BIRTH NO. 69-07929 the Such Deceased death I, NAME OF DECEASED DATE AND HOUR OF DEATH 0 (Type or Print) MAY 2 hospital 1969 death. 30 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence attendance cause MARYLAND FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN canse; D. INSIDE CITY LIMITS? 0 8 BALTIMORE No D YES prior ST. AGNES HOSPITAL contributing E. STREET AND NUMBER occurred 640 SUNSET STRIP etermined de. regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years BE 7. MARRIED NEVER MARRIED If Under 1 Y. Months Doys Hours Min. deceased MALE WHITE 04/30/69 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of lereign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) 2 Unde U.S.A. INFANT MARYLAND SD 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct 4 AMOS FRIEND BARBARA (NEE RUMER) FRIEND assistant eath 0 kind; 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance NONE AGNES HOSPITAL RECORDS any pronounced 0 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular injury ar camplication which caused deoth.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF are 4 DISEASES OR CONDITIONS, if any, giving the above cause (A) slating the physician UNDERLYING CONDITION lost mains chief medical Was burns; 11 CERTIFICATION Ery Hur Wearton's OTHER SIGNIFICANT CONDITIONS CONTRIBUTING rel physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) the 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 YES before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 where 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bidg., INJURY OCCUR? (ii In Boltimore City, give exact location) to the hospital ° MEDICAL DEATH (notify medical examined) of any nature; obtained 21D. TIME OF INJURY (Month) (Doy) (Yeor) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While approved (except While At (APPROX.) and At Work APRIL 22. I certify that (1) (this hospital) attended the deceased fram-69 99 that (1) (we) last saw the deceased alive an. and that In(my) (aur) apinian death accurred an the date eath) hospital he body was released and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED O Attending [Med. 0 approval 5 23 CPHYSICIAN'S NAME (Type) prior 23D. ADDRESS at BALTIMORE (1) An DECASTRO-ALONS DEGREE S .. 24A. BURIAL CREMATION, 24B. DATE 0.0 pespese shows: SID 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

L-520 69 41	BALTIMORE CITY	HEALTH DEPARTMENT	/	69 4686		
	586 CERTIFICA	TE OF DEATH	REG. NO.	03 4000		
BIRTH NO.		2. DATE AN	ID HOUR OF DEATH			
(Type or Print) Long Dona	LNC	5/1	169	111:50 1		
3. PLACE IN BALTIMORE, MALYLAND, WHERE PROP		4. USUAL RESIDENCE When	re deceased lived. If in	stitution: residence before admission)		
		A. STATE B. COUN	24	12 M		
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	C. GHY OR TOWN	etimore.	DE CITY LIMITS?		
BALTIMORE City Hospi	tals	Backeyes	X	YES NOT		
BALTIMORE City Hospi) Aue	E. STREET AND NUMBER		1.50		
31 BALTIMORE	Mal. 21224	11 ORU	ILLE PO	21221		
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
Male White WIDOW	= =	8-4-04	last bitthday)	Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country/	12. CITIZEN OF WHAT COUNTRY?		
Retired		Pennsylvania		U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	M.F.	0.0.A.		
PAUL E. LONG 15. Was Deceased Ever in U. S. Armed Forces?	11.6 500141	BERTHA 17. INFORMANT	SCHEEL	ADDATES		
(Yes, no ar unknawn) (If yes, give war or dates af service		17. INFORMANT		ADDRESS		
UNK	215-01-043	BCH Records:	4940 Easter	n Ave. 21224		
18.44 0.9	CAUSE OF DEATI	H		APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		P	1			
(This daes nal meon the made of dying, e.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	REEST			
heort failure, asthenia, etc. It means the disco- injury or complication which caused death.)		A CONSEQUENCE OF:				
ANTECEDENT CAUSES	Acadi	-140	0.00			
	(B) /Tac U L	A CONSEQUENCE OF:	elial tu	4		
DISEASES OR CONDITIONS, if ony, givi		OLL		U		
UNDERLYING CONDITION last.	(c)					
7						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN						
DISEASE OR CONDITION GIVEN IN PART I (A).		20 A. AUTOPSY? (Yes at No	1 208 IE VEC WERE	INDINGS CONSIDERED		
WAS PERFORMED	K WHICH OFERATION		IN CERTIFYING CAL	JSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	1B. PLACE OF INJURY (e.g., i	n ar abaut 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
OR CONTRIBUTING CAUSE OF	name, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?				
	TE INJURY OCCURRED	21F. HOW DID INJ	LIBY OCCUP?			
S OF INJURY	While At Not While		OK! OCCOR:			
	Wark At Wark					
22. I certify that (I) (this haspital) attended		5//	19 69 ta 5	12 1969.		
that (I) (we) last saw the deceased alive a	5/1	19 67 and th	at in(my) <u>(aut)</u> apir	nian death accurred an the date		
and hour and from the causes stated above.	(We) (did) (did nat) v	iew the bady after death.				
23A. SIGNATURE 23B. DATE SIGNED						
James a. Naken	Phys	nding Med. Director	Staff Phys.	5/2/69		
23C HYSICIAM'S NAME (Type)			ore City Hos	pitals		
James A. Schumach	er. M.D.		astern Ave.	21224		
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE			ly, tawn, ar county) (State)		
REMOVAL (Specify) 5/5/10	AU I	PFA	BAITA 4			
25A. DATE REC'D BY HEALTH DEPL 25B. NAM	AK LAWN E OF REGISTRAR	125G FUNERAL DIRECTOR	DALIC. P	ADDRESS		
MAY 6 1969 (G	16. 19 Davoc	256 FUNERAL DIRECTOR	VE(15 50	NS 700 MOLE		
VS 150-REV. 1/1/6B		או שיי א טוריאו	L-LI JO.	11/400		

- C-14 10 , 113 X 11 10 1 11 11 11 11 11 The state of the s with a street of the territory. H CRUME CH CH The Think I was the way 1-1 Transfer your July Laboratory to Jourse A BATT 1 -1 -1 James it should be the

6	3	1	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death M shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	regular attendance on the deceased prior to death. Such are embalmed or final disposition is made.
This certificate must be approved by the chief medical e	the body was released to the hospital by a medical exshows: (1) An accident of any nature; (2) Body burns; (3)	was D.O.A. at a hospital (except where the physician	accessed prior to dearny; und (c) to projection was in regular attendance on the deceased privaritien approval must be obtained before the remains are embalmed or final disposition is made.

	9 46	19	HEALTH DEPARTMENT OF DEAT		69 4687
BIRTH NO. 1. NAME OF DECEASED (Type or Print) BRADFO	RD, NEI		2. DAT	E AND HOUR OF DEATH MAY 1, 1969	8:15A
3. PLACE IN BALTIMORE, MARYLAND,			4. USUAL RESIDENCE	Where deceased lived, If in	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LO	PITAL OR INSTRUCTION	ITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN CAMBRIDGE	Darch sta	IDE CITY LIMITS?
40 ST. AGN	ES HOSE	PITAL	E. STREET AND NUMB	/	YES NO 🛣
S. SEX MALE 6. RACE WHITE	WIDOWE		8. DATE OF BIRTH 12 200/28/25	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of w done during most of working life, even if retired MACHINIST	1) [FRONICS	MARYLAND		U.S.A.
MAJOR BRADFORD	ende to		THEODOSIA (NEE BRAMBLE)BRADFORD
15. Wos Deceosed Ever in U. S. Armed I (Yes, no or unknown) (If yes, give war or d	forces? oles of service!	16. SOCIAL SECURITY NO.	ST. AGNES	HOSPITAL Æ C	ADDRESS ORDS
DISEASES OR CONDITIONS, in the constant of the	es any, giving the stoling the	(c)	A CONSEQUENCE OF:		
DISEASE OR CONDITION GIVEN IN P	ART 1 (A).	*****************	20A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 ho	B. PLACE OF INJURY (e.g., in me, farm, foctory, street, af i.)	or obout 21 C. WHERE DI	D (If In Boltimor	e City, give exoct locotion)
21D.TIME (Month) (Doyl (Yeo C) FINJURY (APPROX.)	w	E INJURY OCCURRED hile At Not While ork At Work	. [INJURY OCCUR?	
22. I certify that (I) (this hospit that (I) (we) last saw the decea			PRIL 30	19 69 ta MAY d that in(my) (aur) apl	19 69
and have and from the causes st	ated abave.	(1) (We) (dtd) (dtd not) v	lew the bady after dea	th.	
Bert J. W	lorton	M. Degree Phys	nding Med.	Shoff Phys.	23 R. DATE SIGNED 5-1-69
23C. PHYSICIAM'S NAME (Type) BERT F. MORT		QEGREE	ST. AGNES	BALTIMORE, HOSP; CATON	MARYLAND 21229 & WILKENS AVES.
REMOVAL (Specify) Burial 5/3/6		chester Memori	MATORY 241	D. LOCATION (Ci	
Burial 5/3/6 25A. DATE REC'D BY HEALTH DEPT.		of registrar	25C. FUNERAL DIREC		ADDRESS , Cambridge, Md.

------Military Colored Anna Colored Colored

BIRTH NO

HOSPITAL OR INSTITUTION

Male 9. DATE OF BIRTH

No

19.

CERTIFICATION

MEDICAL

2:0

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify) Burial

VS 151-REV. 1/1/68

11-4-1901

1. NAME OF DECEASED (Type ar Print)

OLIVER WINCHESTER

Herbert Electric Co. 12 N. Carey St.

10.AGE (In years lost birthdoy)

14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY

Edward F.

24B. DATE

5-8-69

69x 67

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET

WIDOWED X

8. MARRIED NEVER MARRIED

12. CITIZEN OF

Herbert Elec. Suppl

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

ADDRESS OR LOCATION)

White

16. WAS DECEASED EVER IN U.S. ARMED FORCES?

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This daes not meon the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which coused death.)

ANTECEDENT CAUSES

(Yes, naarunknawn) (If yes, give war or dates of service)

11. BIRTHPLACE (State or fareign country)

done during most of warking life, even if retired)

Maryland

Shipping Clerk

BALTIMORE CITY HEA

DIVORCED

If Under 1 Yr. If Under 24 Hrs.

Manths, Days, Haurs, Min.

WHAT COUNTRY? U. S. A.

17. SOCIAL SECURITY NO.

Wilson M.D.

258, NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

New Cathedral Cemetery

214-01-5893

CAUSE OF DEA

DUE TO, OR

100			
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.

ORE CITY HEA	ALTH DEPAR	TMENT				
NER'S C	ERTIFIC	CATE OF	DEAT	REG. NO.	69	4688
	2. DATE	Known XX	Month	Doy	Yeor	Haur
	OF DEATH	Estimated	5	5	69	9:15 am.
DEAD STREET	3. DATE PRONOU	NCED DEAD	Month Ma v	Day 5 1.0	Yeor	9:15 a M.
		SIDENCE (Where	e dece osed liv	ed. If institution		efore admission)
ev St.	A. STATE	Fryland		A I + Q		53-00
MARRIED	C. CITY OR	aryland own	-	D. INSIDE CI	TY LIMITS?	
DIVORCED	Balt	.0.		YE	s 🗆	NO 🗆
f Under 24 Hrs. Haurs Min.	E. STREET A	ND NUMBER		A 10	20	
) OF	13. FATHER'S	5 S. Rol	ling Ro	Q 12.	28	
S. A.	Oli	ver A. Wi	nchest			
	15. MOTHER	s maiden na elen Imho	ME			
IAL	18. INFORM	ANT	,11	Al	DRESS	
IRITY NO.	Toseni	h Blacker	+ 505	S Roll	ing Ro	ad 21228
AUSE OF DEAT	Н	DIACKEL		J. MOLL	AP	PROXIMATE INTERVAL
Antonios	oloweti	a aandia		n diace		EEN ONSET AND DEATH
A) IMMEDIATE C		c cardio	vascula	i disea	ise	
DUE TO, OR A	S A CONSEQU	JENCE OF:				
· n\						
DUE TO, OR	AS A CONSEQ	UENCE OF:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
c)						
PERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes or No)
					-	ZES

5/5/69

(State)

(City, town, or county)

ADDRESS

24D. LOCATION

25C. FUNERAL DIRECTOR

Baltimore, Maryland

DHoward H. Hubbard 4107 Wilkens Ave. 21229

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO, OR AS A CONSEQUENCE OF:				
	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
A. DATE OF OPERATION 208. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or N			
/,		YES			
A. EXTERNAL CAUSE WAS NDERLYING OR CONTRIB- TING CAUSE OF DEATH.	ACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Boltimore City, garm, factory, street, office bldg., etc.) INJURY OCCUR?				
	LE AT NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR?				
. I certify that I held an Inquiry . 1	nspection Autopsy XX and that on this basis, death	in my apinian			
resulted fram: Natural causes XX Acc	ident Suicide Hamicide Undetermined ma	nner 🗌			
ACTUAL SIGNATURE EXAMINER'S	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED			
NAME (Type) Edward E Ui	Icon M D	5/5/69			

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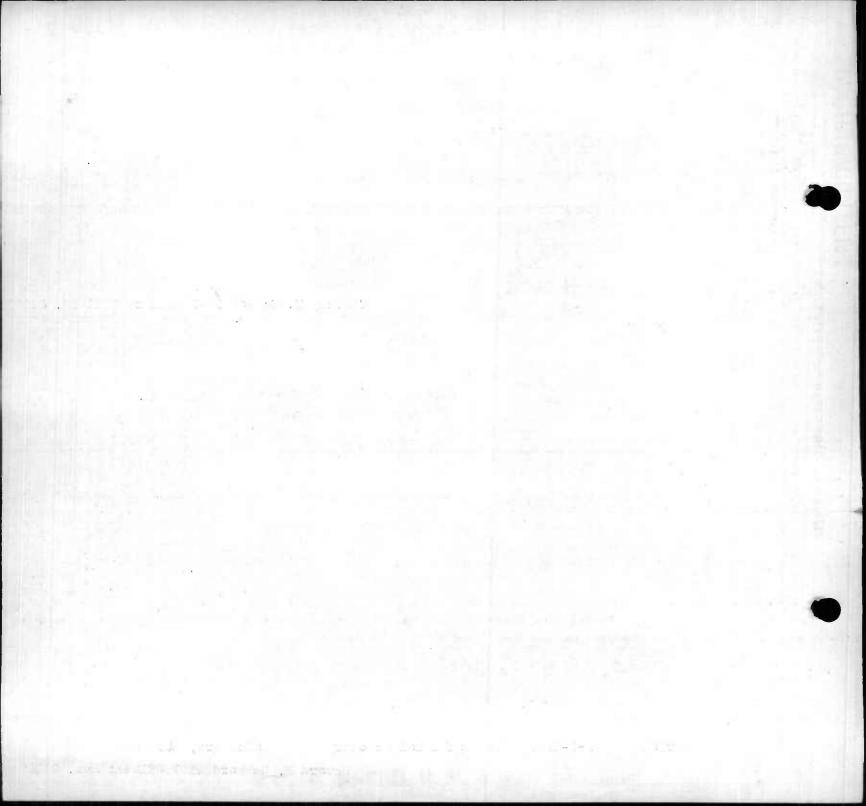
3-55 D		69
2002	IRTH NO.	
at la se th	NAME OF DECEASED	
death death seased on the Suck	una as Print)	MOTHY G. G
o d d		
nospital and se of death (5) Deceased ance on the death. Such	. PLACE IN BALTIMORI	E, MARYLAND, WHERE
	ULL NAME OF (II	F NOT IN HOSPITAL OF DDRESS OR LOCATION
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h occurred in contributing etermined cau n regular att	49	
occurre ontribut ermined regular eased p	SEX 6. RAC	7. M
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To a to	one during most of working	N (Give kind of work 10B. K
ath occupation regulation is m	RIGGER	BE
death occurred to contribution. Undetermined as in regular e deceased position is made	3. FATHER'S NAME	
wa wa he	3. FAIRER 3 NAME	
direct or cd; (4) Undet the was in the deco	TIMOTH	y T. GOON
kind; (death ce on nal di	. Was Deceased Ever in	U. S. Armed Forces?
the the kind death	es, no or unknown) (If yes	s, give wor or dotes of s
or his assisted Also, if the cof any kin nounced decattendance attendance med or fina	NO	NO
if if	18. / / /2	/ 1
s as any ced nda	16001	ACMPITION PIRE
ner or his aser. Also, if cture of any pronounced lar attendan balmed or		CONDITION DIRECTL
Ta o o E		on the mode of dying
		nio, elc. Il meons lhe d
er. ctu pro pro		on which coused death
fra 6	ANTEC	EDENT CAUSES
examiner or examiner. A (3) A fracture n who prono in regular at s are embalm	DISTASES OR CO	ANDITIONS "
xam xam x) A () wh wh are		ONDITIONS, if ony, we couse (A) stoling
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medical e burns; (3 physician an was ir	GIVE LINE OUT	10111011 1031,
f medical medical y burns; physicic ian was e remair	7	II.
hys hys	OTHER SIGNIFICANT	CONDITIONS CONTRIB
The physical	▼ DISEASE OR CONDITI	ION GIVEN IN PART 1 (A
chief gan Body the pysicic	19A. DATE OF OPER	ATION 198. CONDITIO
chie y a Body the tysici		WAS PERFORM
or the	19A. DATE OF OPER	S UNDERLYING
he lb	OR CONTRIBUTING	CAUSE OF
red by the chief me hospital by a metature; (2) Body bu ept where the phy I (6) No physician	DEATH (notify medic	ol exominer)
9 6 7 3 0	21D. TIME (Mont	th) (Doy) (Year) (Ho
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roved by the hospital y nature; xcept whe tind (6) No btained be	(ATTROA)	
he ny r	22. I certify that (1) (this hospital) atte
an a		saw the deceased ali
of of of the period of the per	Thotal (we) lost :	odw tue deceozed du
leased to ident of hospital of death)	ond hour and from	the couses stated al
deat	23A. SIGNATURE	-
was released An accident L. at a hospit prior to deat	Jerus	us m
a h		1
0 + 0 0	23C. PHYSICIAN'S NAME (Type)	
was r An a L at o prior	PRINY	A TIPMO
y was rely was rel 1) An acc 3.A. at a ad prior to approval	, , , , ,	
± >500 ₽ ₽	4A. BURIAL CREMATIO REMOVAL (Specify)	N, 248. DATE
his certifue body hows: (1) (as D.O. eceased	Buria1	5-7-1969
his cer he boc hows: vas D. leceas	5A. DATE REC'D BY HE	
This certificate must be app the body was released to the shows: (1) An accident of an was D.O.A. at a hospital (e deceased prior to death); a		- 1000
サポカ 多 4 3	MAY	6 1969

BALTIMORE CITY HEALTH DEPARTMENT 1000

MORE CITT HEALTH D	LIAKIMENT	00	00
TIFICATE OF	DEATH	REG. NO. 69	46

(Type or Print)	DECEASED		10-19			2. D	ATE AND			0		,
	1100	THY G.	GOON	JAN			WELL	3,	196	9 1	-	2.45
3. PLACE IN	BALTIMORE, MAR				A. STAT		COUNTY	eceosed liv	ved. If ins	titution: 1	residence	before od
HOSPITAL O	E OF (IF NOT ADDRES	S OR LOCATION	OR INSTITUT	TION, GIVE STREET		OR TOWN	7700		D. INSIE	DE CITY I	IMITS?	0 3
NOR	TH CHARL	LES GA	ENERAL	LHOSPITAL		BLTIN	PORE		D. 11431L	YES T	1	поП
, /						ET AND NUM						
4	1				380	الم لا	LFOR.	D mi	177 1	59.	2/2	207
5. SEX /	6. RACE	7.	MARRIED -	NEVER MARRIED		OF BIRTH	lost	AGE (In ye	075	If Under	Doys	If Under Hours
717	33		WID OWED [25-0	4	59				
	OCCUPATION (Give lost of working life, eve	and the season of the season o		BUSINESS OR INDUSTR		HPLACE (Stote	or foreign	country)		12. CITI	ZEN OF	WHAT C
	GGER	12	SETHLE	THEM STEEL	- W	PRYLI	ONF				431	P.
13. FATHER'S						HER'S MAID						
711	MOTHY	T. G00.	NAN		1	1224	HAR	DY				
15. Wos Deci	eosed Ever in U. S. known) (If yes, give	Armed Forces	?	6. SOCIAL SECURITY NO.	17. INFO	RMANT	0119	Secv	nv		ADDRE	SS
NO	known) (II yes, give			216-05-8481	/ Time	thy T.				ford	Mil1	Rd.
Dictor	ANTECEDENT			Swich	iola		winn	-, 2	Ct.	lu	2	c
rise to UNDERI	ES OR CONDITION IN THE STATE OF	T CAUSES ONS, if ony ouse (A) st N lost. ITIONS CONTI	y, giving the colony thad the colony the colony the colony the colony the colony the col	(c). Svuch	is a consi entir				et.	lew Q	7	č
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OTHER SI TO THE DISEASE 19A. DATE 21A. AC OR CON	ES OR CONDITION IN THE PROPERTY OF THE PROPERT	T CAUSES ONS, if ony ouse (A) st N lost. ITIONS CONTI ELATED TO THE VEN IN PART 1 198. CONDIT WAS PERFOR DISEOF	rion for W	(c) ext	20A.	AUTOPSY? (Ye	es or No) 2	OB, IF YES,	nd	INDINGS	CONSII DEATH?	
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) UPTON BERRYMAN May 4, 1969 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland Howard FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES [Elkridge E. STREET AND NUMBER Pleasant Manor Nursing Home 4615 Park Heights Avenue 1726 Levering Avenue disposition is made 9. AGE (In years B. DATE OF BIRTH 5. SEX 6. RACE MARRIED NEVER MARRIED Months Doys lost birthday Ma le WIDOWED White DIVORCED 2-11-1888 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Upton Berryman Unknown Georgia 15. Was Deceased Ever in U. S. Armed Forces: 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Yes WWI 216-30-7318 Mrs. Mildred I. Hannum, 1726 Levering Ave CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Internoscherotic Cerebral vascular discose TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF CAL DEATH (notity medical examiner) obtained MEDI 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work 22, I certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinion death accurred an the date that (1) (we) last saw the deceased alive an Illa and haur and from the causes stated above. (1) (***) (***) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending L Med. Shaff Phys. Director L pproval PHYSICIAN'S 23D. ADDRESS Frank G. Kuehn Medical Arts Bldg. Cathedral & Read Streets DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION deceased written of (City, town, or county)

NO

Hours

U.S.A

ADDRESS

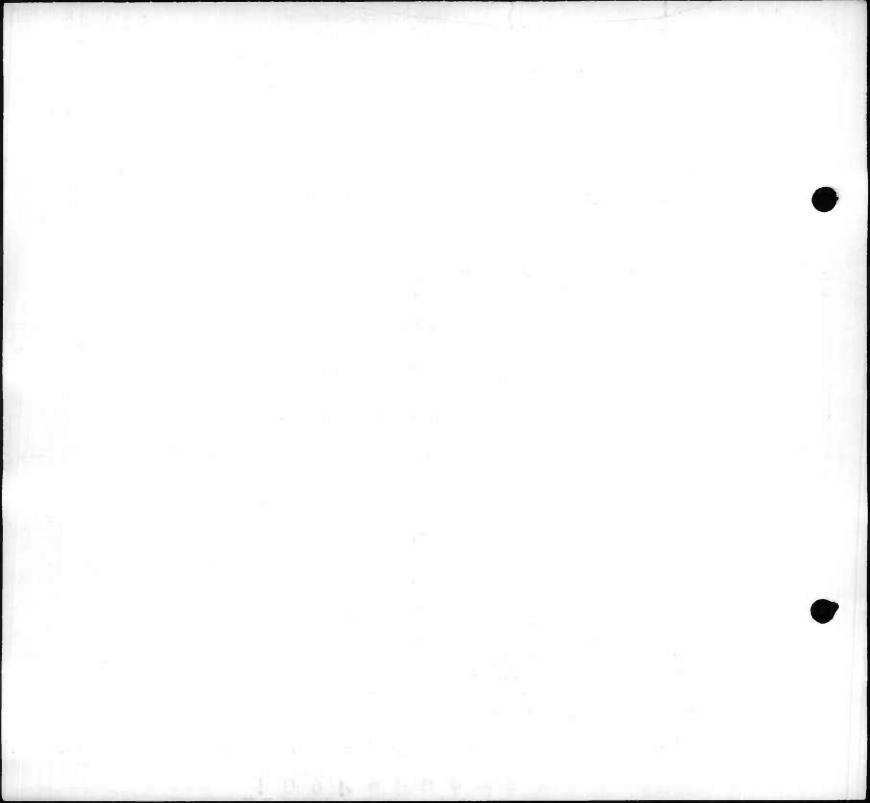
BETWEEN ONSET AND DEATH

It Under 24 Hrs.

Reisterstown, Maryland Buria1 5-6-1969 Reisterstown Methodist Cem. 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Hubbard, 4107 Wilkens Ave. 21229 Howard H. VS 150-REV. 1/1/68

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	69-09531.69 469	7	HEALTH DEPARTMENT	REG. NO.	32129			
1,	IRTH NO. NAME OF DECEASED Spee or Printly B/G of Arizona Mi		TE OF DEATH	D HOUR OF DEATH	9 4691			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL		4. USUAL RESIDENCE (When	1 6 9	1 6 1 m.			
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN		7-67			
	33,		D alt	D. INSIDE C	NO T			
	the John a learn	lain Honor	E. STREET AND NUMBER	matini				
5,	SEX 6. RACE 7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr., If Under 24 Hrs.			
	Female Negro WIDOWED	DIVORCED	14/69	1	nths Doys Hours Min.			
do	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF one during most of working tile, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12.	CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	AE .				
15	I conserved &	James	arezon	a Part	on			
(Y	. Was Deceased Ever in U. S. Armod Forces? os,no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS			
	18. 7 7 (9	CAUSE OF DEATH			APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0		BETWEEN ONSET AND DEATH			
	IThis does not mean the made of dving en	(A) IMMEDIATE CAU	SE NCSpire tory	arrest	13			
	heart laiture, asthenio, etc. It means the disease, injury or complication which caused death.)	DOL 10, OK 23,	CONSEQUENCE OF:					
	ANTECEDENT CAUSES	m pre	maturity					
	DISEASES OR CONDITIONS, il ony, giving rise fa the above cause (A) slaling the	DUE TO, OR AS	A CONSEQUENCE OF:		*****			
	UNDERLYING CONDITION last.	(c)	******************************					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
FIC.	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B, IF YES, WERE FINDIN	NGS CONSIDERED			
ERTIFIC			YES	IN CERTIFYING CAUSES	OF DEATH?			
CALC	OR CONTRIBUTING CAUSE OF hame etc.)	PLACE OF INJURY (e.g., in , form, factory, stroot, off	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore City,	, give exoct location)			
MEDI	IOL WOOK!	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
	(APPROX.) While At Work At Work							
	22. I certify that (I) (this hospital) attended the	deceased fram	15		19			
	that (I) (we) lost saw the deceased office an		19and the	t in (my) (our) apinian a	death occurred an the date			
	and haur ond fram the eauses stated above. (1)	(We) (did) (did not) vi	ew the bady ofter deoth.					
	Dans Karled Al	Atten	ding Med. S		DATE SIGNED			
1	23C.PHYSICIAN'S NAME ([V) el	DEGREE Phys.	Director P	faff hys.	17/69			
	GARY RACLE le FCK		DI ADDRESS		/ / /			
24	A. BURIAL CREMATION, 1248, DATE 124C NAT	DEGREE OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City, tow	n, or county) (State)			
	ADVIOLATE (Specify)	Kohns Hop	and the second					
11	A. OATE REC'D BY HEALTH DEPT. 258, NAME OF		25C. FUNERAL DIRECTOR	L IV. BLOAUWA	y, Balto., Md.			
	MAY 7 1969 (R-2e)	1. En Loybour	1 6 0 1		A Y			
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death a shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

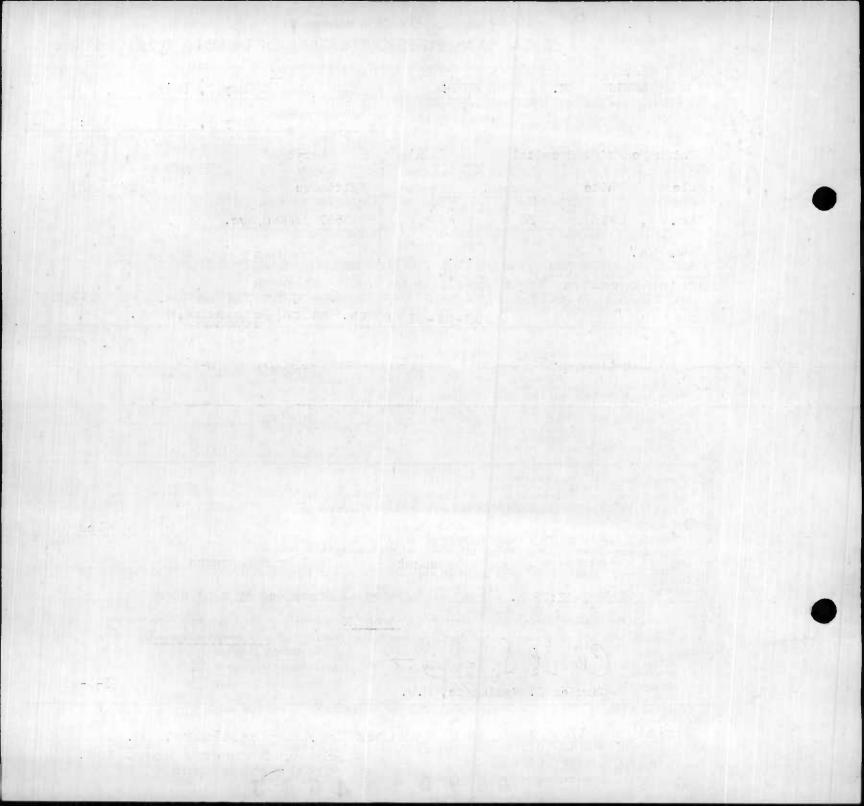
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BII	ATH NO.	CERTIFICA	TE OF DEATH	REG. NO	- 69	4690	
	Pe or Print		2. DATE	AND HOUR OF DEAT	H	1130	
	Mary V. II	ERCE	S	14/69	1	11 Pm	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (W	Here beceased lived. II	institution: resid	dence before admission)	
II H	ILL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	CECIL D. IN	SIDE CITY LIMIT	7-00 TS?	
	BALTIMORE CITY HOS	PITALS	RISING SUN		YES	NOTY	
	4940 EASTERN AVENU	E	E. STREET AND NUMBER				
	BALTIMORE MARYLAN	D 21224	ROUTE 1, SUN	SET GARDENS			
	EMALE WIDO		2-9-89	9. AGE (In years last birthday)	If Under 1 Months Do	Yr. If Under 24 Hrs.	
do	LUSUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN	OF WHAT COUNTRY?	
11. 2.	ousewite ow	N Home	PENNSYLVANIA		US	SA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
	CHARLES M	C CLENGHAN	MΔ	RGARET	104	UER	
15.	Was Deceased Ever in U. S. Armed Forces?	II 6. SOCIAL	17- INFORMANT			DDRESS	
(16	s,no or unknown) (If yes, give wor or doles of ser	220-24-8375	RECORDS-BCH-4	940 EASTERN	AVENUE, B	BALTIMORE MD	
	18/4/2.41	CAUSE OF DEAT	H			APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		. 1 6	1.1.11.		10	
	IThis does not mean the mode of dying,	(A) IMMEDIATE CAU		Jon llater	1	10 mus	
	heart failure, osthenia, etc. It means the dis	ease, DUE TO, OR AS	A CONSEQUENCE OF:	J			
	injury or complication which coused death.)	1	1 1000				
	ANTECEDENT CAUSES	(B) asyl	uced AJCV	//	****		
	DISEASES OR CONDITIONS, if any, grise to the above cause (A) slating	iving DUE TO, OR AS	A CONSEQUENCE OF:	210 6 1	1		
	UNDERLYING CONDITION last.	(c) multip	le cerebral v	ux accid	ens		
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CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING	ma				
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION			Nall 200 IF Yes			
TIFE	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	AUSES OF DEA	NSIDERED ATH?	
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A	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(it in politic	ora City, give e)	AUCI IOCOTION;	
U							
MEDI	OF INJURY	While At Not While	21F. HOW DID !	NJURY OCCUR?			
	IA PPROX.)	Work At Work			1.		
	22. I certify that (1) (this haspital) otten	led the deceased from	5.13	_1969_to	5/4	1967	
	that (1) (we) last saw the deceased olive	- 1.1	19 6 and	that in (my) (aur) ap	Inlan death		
	ond hour and fram the causes stated obo	re. (1) (We) (did) (did not) v	lew the bady after deat	h.			
	23A. SIGNATURE		,		238, DATE \$	IGNED	
DIN ase M.D. Attending Med. Stoff D 5/4/69							
	23C. PHYSICIAN'S NAME (Type)	ase M.D.	232928 EASTERN	AVE: BALTO	MD. 2	21224	
244	BURIAL CREMATION, 248, DATE 2	DEGREE	BALTIMORE CITY		1		
1	34riAL 5-8-69	UCST NO HING	1	1 /1	city, town, or co	Co. My	
25/	DATE REC'D BY HEALTH DEPT. 25R NA	ME OF REGISTRAR	256 FUNERAL DIRECT	III Alle	llong	SING SUNMO	
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69 4693 BALTIMORE CITY HEALTH DEPARTMENT

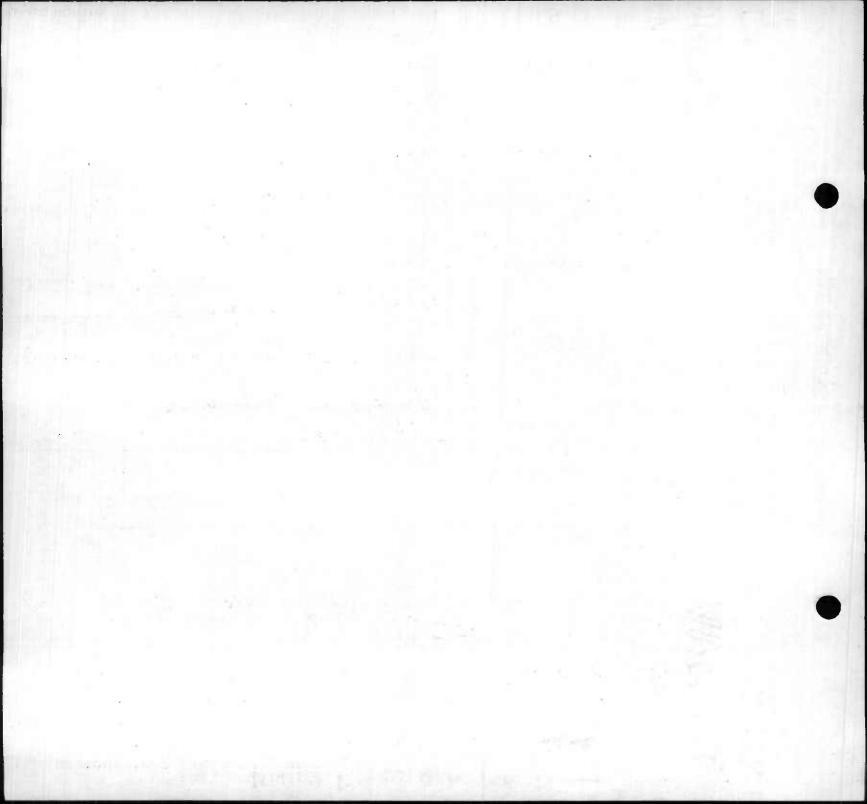
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 69 4693

BIR	TH NO.		77125		,,,	AVIII VEIK O		Crit	<u> </u>	D L / .		REG. NO.			
	NAME OF DECI	ASED					2. DATE	Known X	X	Month	-	Doy	Yeo	r Haur	
(Typ	e or Print) L	OUIS	ESI	EVEN	N BE	NDA	OF DEATH	Estimated		May	3.	1969			М,
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE			Manth		Doy	Yeo	r Haur	IVI.	
FUL	L NAME OF	(IF NOT	IN HOSPITA	LORINS		SIVE STREET	PRONO	UNCED DEA	D		2	1969		1:20	۸
HO	SPITAL INSTITUTION	ADDRES	S OR LOCA	TION)			6 HEHALI	ECIDENICE /	\A/\$					L . ZU	A _M .
	Union M	emorial	. Hosp	ital		(DOA)	A. STATE	Maryla		deceosed		COUNTY	16	-4	3
6.	EX	7. RACE		B. MARE	IED N	EVER MARRIED	C. CITY OF	TOWN			D.	INSIDE C	Y LIMIT	5?	
1	Male	White		WIDOV		DIVORCED	Balt.	imore				VI	ES 🔀	NO 🗆	
9. [DATE OF BIRTH			1		Yr. If Under 24 Hrs		AND NUMB	ER			- 1	C3 EF	140 🗀	
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11.	BIRTHPLACE(SI	ote or foreign				COUNTRY?	13. FATHER		24470			UP) (
144	_		kind of work	14B. KINT	OF BUSI	NESS OR INDUSTR	Y 15. MOTH	unkno		AF.	_	_			
don	during most of w	orking life, eve	n if retired)			elope Co	The mount	unkn							
_	WAS DECEASE					SOCIAL	1B. INFOR	MANT 520	56	Dari	en	Rd.A	DDRESS	2120	6
(Ye	no ar unknown)	(If yes, give w	ar or dates	of service)	SECURITY NO.	34-0 0	andra							
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	1-9	831	X			CAUSE OF DEA	AIII			201			6	SETWEEN ONSET	
		OR CONDI		CTLY											
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	AN	TECEDENT C	AUSES			(p) .		Hangi	ng						
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NO O						(C)									
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은		TH BUT NOT CONDITION (
RT						CH OPERATION V	AS PERFOR	MED		_			21. AL	JTOPSY? (Yes	or No)
Ö	7													Yes	
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MEDICA	UNDERLYING				hame, farm	n, foctory, street, aff	ce bldg., etc.)	INJURY OCC	UR?		11010	ity, gire ex	aci rocani	,···)	
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_	OF INJURY	Month) (D	ay) (Yea	r) (Hau	WHILE	JURY OCCURRED	T WHILE -	22F. HOW D	נאוו טו	IUKY OC	CUK!				
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		0		0)			CHIEF MEDI					-		
	ACTUAL		lu.		. 0	last.	ASS	ISTANT MED						DATE SIG	SNED
	SIGNATU		4-0	2 0	-	M.	U.							5-3-69	
	EXAMINE NAME (T		rles	S. Sp	ringá	te, M.D.	A55	OCIATE MED	ICALE	XAMINE	K L			J- J- 09	
24. RE	A. BURIAL CREM MOVAL (Specif	ATION, 24	IB. DATE		24C. N	AME of CEMETERY	or CREMAT	ORY	24D. I	LOCATIO	N	(City, tow	n, ar cou	enty) (S	ate)
	Burial		5/6/6	9	Но	ly Redee	mer C	- והכ	P	Balt	imo	re. N	Md.		
25	DATE REC'D	BY HEALTH D	EPT.	25B. N		REGISTRAR	25C	FUNERAL D	IRECTO	OR			DDRESS	Tnc	
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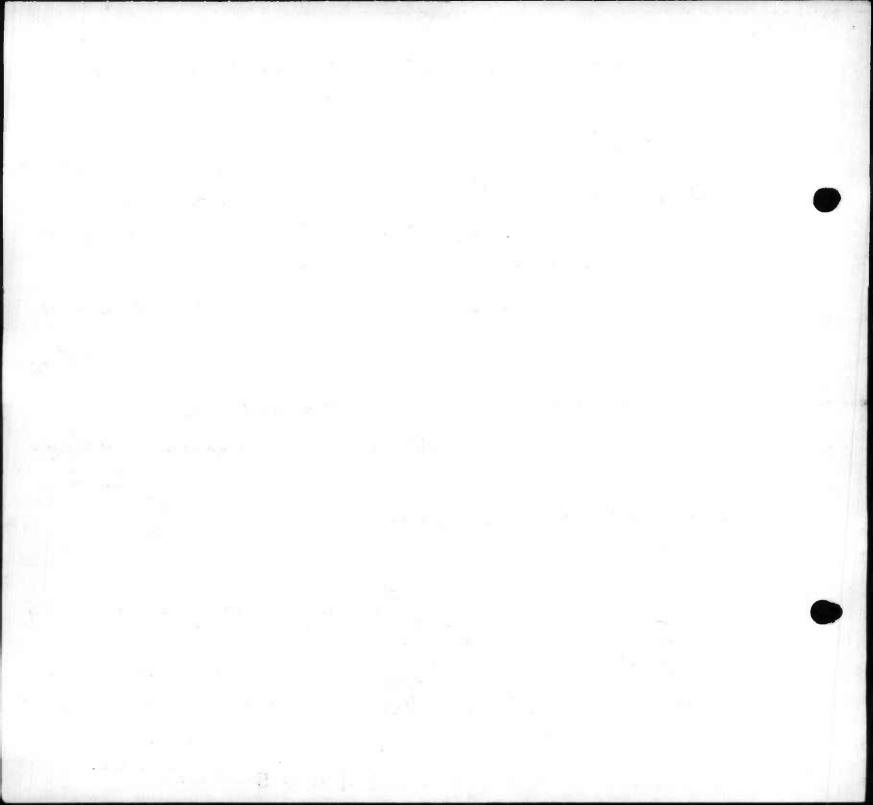


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En. V	69 4694 BALTIMORE CIT	Y HEALTH DEPARTMENT
DE DOE	BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. DS 4004
an eat ase th th Suc	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
on ced	(Type or Print) KATHERINE ELIZABETH HINE	
of of other	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
e 12)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md., 21205 7-03
caus se; (serinda	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	000	Baltimore YES NO
ting d cau	837 N. Patterson Park Ave.	837 N. Patterson Park Ave.
- 0 0 D	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs., Manths; Days Haurs; Min,
min min egul	female white WIDOWED DIVORCED	Dec.17,1892 76
cea cea	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de in de	Homemaker at home	Baltimore, Md.
de Ur	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
t + (4)	Frank Hinkleman	Mary Trankx
ath ath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT3020 Glenmore Ave. ADDRESS 2121 4
the the the de de ind	217-54-1286J İ	Joseph F. Stern, brother,
if if if or f	CAUSE OF DEAT	
his fo no d	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
Als Als nou att	(A) IMMEDIATE CA	USE Clente Cardisc Failure 30 minutes
er.	heort foilure, osthenia, etc. II means the disease, injury ar camplication which caused death,)	A CONSEQUENCE OF.
rin fra gul	ANTECEDENT CAUSES HALL	to in the Cardenian of
A A A	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:
(3) (3)	rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	al Digerso 3 years
ica is rs; cia cia ain	11	
did did	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	THE RESERVE OF THE PARTY OF THE
me me y by by ph jan	✓ DISEASE OR CONDITION GIVEN IN PART I (A).	190A
hie od	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by 2) B 2) B 4 t 6 t 6 t 7 ore	U 21A. ACCIDENT WAS UNDERLYING [7] 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID ((If in Baltimore City, give exact location)
the aib; (2); (2) here lo pl	▼ DEATH (notify medical examiner) etc.)	office bldg., NJURY OCCUR?
by WI	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY While At Not Whi	21F. HOW DID INJURY OCCUR?
hos naturept (6)	OF INJURY (APPROX.) While At Work At Work	le 🔲
he he had xce	22. I certify that (1) (this hospital) attended the deceased from	
appoint to the off and	that (I) (we) lost sow the deceased alive on 44.25	
0 0 5 -	and hour and from the couses stated above. (1) (We) (did) (did not)	
deat deat deat must	28A) SIGNATURE	23B, DATE SIGNED
must eleas ccide ccide to de to de	Frael (Osen M. D) DEGREE PH	ending Med. Staff Staff Staff Staff
0 - 0 - 0 >	23C.PHYSICIAN'S	23D. ADDRESS
certificate body was r vs: (1) An a D.O.A. at 6 ased prior ten approv	NAME (Type) Dr. Israel Rosen	2413 E. Monument St.
± >€ 0 ₽ ₽	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CR	
his certii he body hows: (1) vas D.O leceased vritten a	Barial 5/6/69 Baltimore Cem	etery Baltimore, Md.
This certhe bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	A Schimunek Funeral Home, Inc.
される 3 点 3	MAY 7 1969 (20) 2 E Lanber	4 3331 Brehms Lane



	0.3 463.1	CITY HEALTH DEPARTMENT	4695
ll _B	IRTH NO. CERTIFIC	CATE OF DEATH REG. NO.	1000
	NAME OF DECEASED BRANDT WILL	LAM 2. DATE AND HOUR OF DEATH	30 P.
1	L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence A. STATE 8. COUNTY	before odmission
	FULL NAME OF OF THE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. ID. INSIDE CITY LIMITS?	3
1	11 an Memorial Hospi	B . Of	10 🗆
1	33rd& Calvert 21218	E. STREET AND NUMBER	21713
5.	Male 6. RACE 7. MARRIED NEVER MARRIED [WIDOWED DIVORCED [8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months; Doys	If Under 24 Hrs.
1	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	STRY 11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF V	VHAT COUNTRY
	Clerk Wm. Jacobs & Sor	7000	5. 17
	Lewis Brandt	14. MOTHER'S MAIDEN NAME Sophia Feemeyer	
	. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL		
CA	es, no of unknown Ill yes, give wor of doles of service) SECURITY NO.	17. INFORMANT ADDRES	5 .
-	no 215-09-2069	Men Men de la	you
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		MATE INTERVAL ONSET AND DEATH
	(A) IMMEDIATE C	AS A CONSEQUENCE OF:	, day
	ANTECEDENT CAUSES		
		AS A CONSEQUENCE OF:	
	underlying condition last. (c)	easulcer Pentic 4	days
1 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		7
ATION A	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		2
Pottefo ATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYR (Yes or No.) 20B. IF YES, WERE FINDINGS CONSID	ERED
102	4-16-69 Bbstructure Jaun	rdic. yes IN CERTIFYING CAUSES OF DEATH?	
7 147	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	g., in or obout 21C. WHERE DID (If In Boltimore City, give exact loc affice bidg., INJURY OCCUR?	otion)
100	OF INJURY (Month) (Doy) (Year) (Hour) 21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) While At Not W	Vhile O	
	22. I certify that (4) (this hospital) attended the deceased fram	4-14 1969 10 5-7	10 (0)
	that (1) (we) last saw the deceased alive an	19 6 and that in (my) (our) apinion death accurr	ed on the date
	and haur and fram the causes stated above. (!) (We) (did) (did-net)		
	23A. SIGNATURE	238, DATE SIGNED	
	DECORE PI	Attending Med. Stoff 2 5-2-	.69
	Maner F. Habashi M.	23D. ADDRESS Minion Memorial Hos	retal
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C REMOVAL (Specify) 5/5/69 Parkwood Ceme		(Stote)
L	MAY 7 1969 258. NAME OF REGISTRAR	Schimunek Funeral Home, IAPP.	ESS
VS	150-REV, 1/1/68		



hospital

0 =

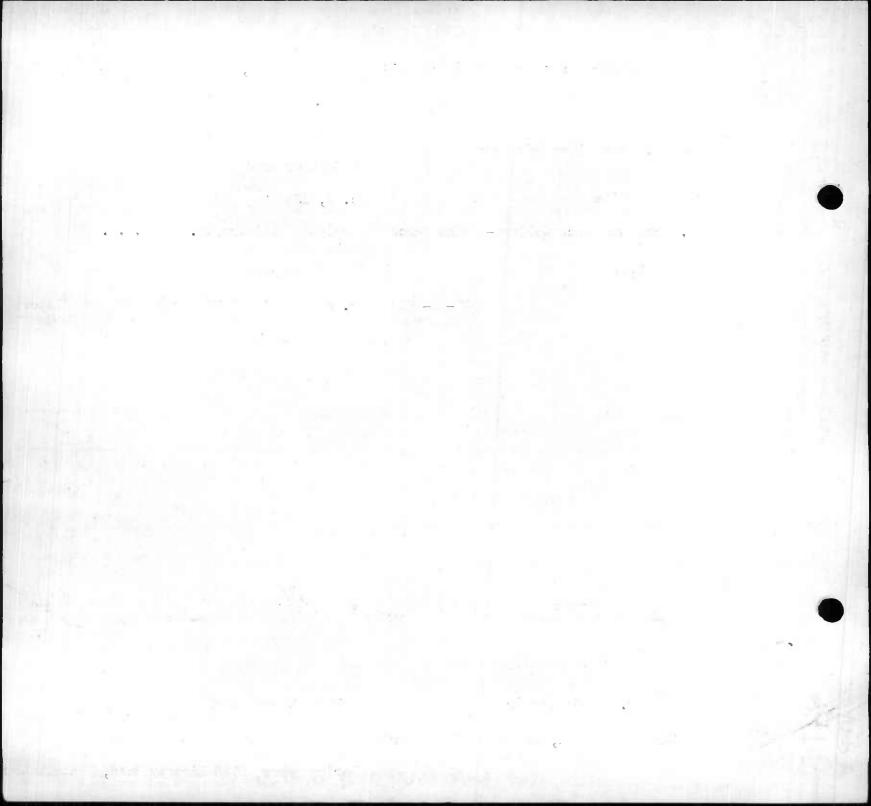
60		69	469		HEALTH DEPARTMENT		60 4606
P e f	BIRTH NO.	()0	400	CERTIFICA	TE OF DEATH	REG. NO	05 4000
+ +	I, NAME OF DE	CEASED			2. DATE A	ND HOUR OF DEAT	H - 10
on on	(Type or Print)	设在地名中 建设计	y Jame	s William Hid		4. 69	810 Pm.
· 0 -	3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONO	JNCED DEAD	A. STATE B. COU	NTY	institution: residence before admission)
- 0	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Md.	Baltimo	
attend ior to	INSTITUTION				C. CITY OR TOWN Randallstown	D. IN	YES NO
ior ior	House	in The Pines	Belvede:	re	E. STREET AND NUMBER		
ar ar de.					9005 Hamor Ro		
0 0 = 3	S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
egul ased s ma	M	White	WIDOWED		Dec. 2, 1880	88	
in r ece on i	done during most o	CUPATION (Give kind of work f working life, even if retired) OM Woodstock			Maryland Balt	,	U.S.A.
was the dispositi	13. FATHER'S NA	Hickey	1.		14. MOTHER'S MAIDEN NA		
## 5P		d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT)MIT	ADDRESS
kind; death nce on final di	NO NO	n) (If yes, give war ar date	s of service)	SECURITY NO. 217-01-0525		Lth 9005 Han	nor Road Randallstown
e of any nounced attendar med or f		ASE OR CONDITION DIE		(A) IMMEDIATE CA	drol Throw	losi -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ctur ar bal	heort failure	nal meon the mode of , asthenia, etc. It means implication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
3) A fra	rise to I	OR CONDITIONS, if he obave couse (A)		(B)DUE TO, OR AS	A CONSEQUENCE OF:		
S min	UNDERLYIN	IG CONDITION lost.		(c)	***************************************		

contributing death occurred or his assistant if examiner This certificate must be approved by the chief medical medical the physici burns and (6) No physician was be obtained before the remai (2) Body 0 to the hospital by where any nature; (except death); hospital the body was released written approval must accident deceased prior to 0 o An was D.O.A. shows:

II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exoct location) home, form, factory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 19 69 22. I certify that (1) (this hespital) attended the deceased from 69 and that in (my) (our) opinion death accurred an the date that (1) (we) last saw the deceased alive on and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238, DATE, SIGNED Staff Attending Med. Director ___ Phys. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) Dr. Ronald Berger 8501 Liberty Road 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) (Stote) REMOVAL (Specify) May 8, Carrol County Maryland 69 Burial Lake View Memorial Park 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

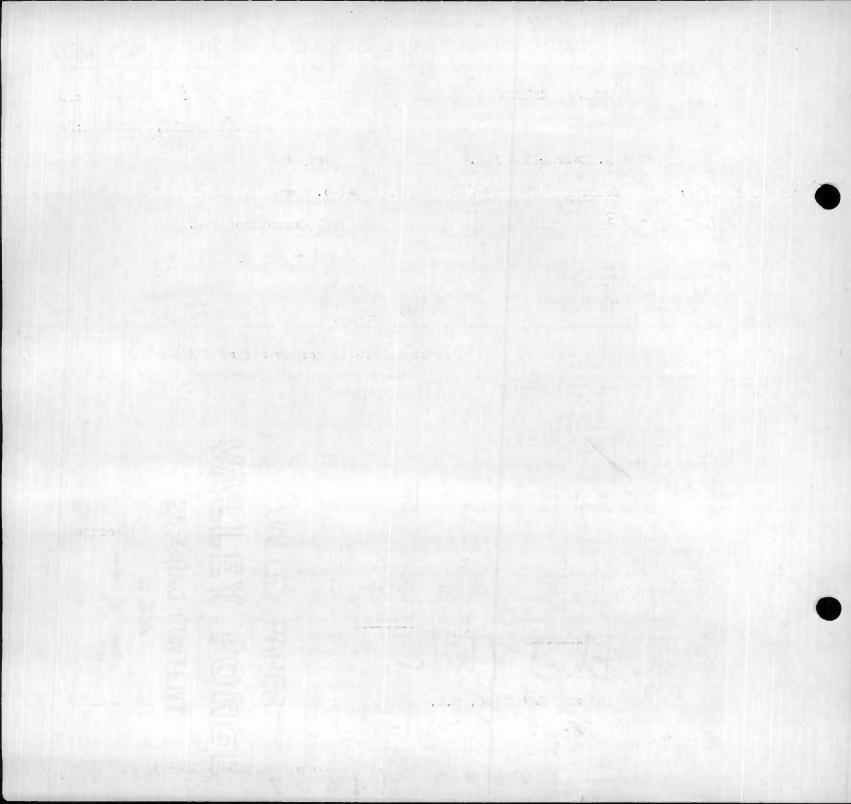
8728 Liberty Road, Randallstow

VS 150-REV. 1/1/6B



C. 636

69 4697 BALTIMO	RE CITY HEALTH DEPARTMENT
MEDICAL EXAMIN	NER'S CERTIFICATE OF DEATH REG. NO. 69 4697
BIRTH NO.	REG. NO.
. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
Type or Print)	OF Estimated 1
STELLA CARTER 1. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	4 /9 69 1.55
	PROMICUALICED READ
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST OSPITAL ADDRESS OR LOCATION)	April 29, 1969 1:55
RINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission
00	A. STATE B. COUNTY
1013 N. Carrollton Ave.	Maryland / O - O
SEX 7. RACE B. MARRIED NEVER A	MARRIED . C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Colored WIDOWED DI	VORCED Balto. YES NO D
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If 1	Under 24 Hrs. E. STREET AND NUMBER
10 2 C A 3 lost birthdoy) Months Doys	Hours Min.
12-25-03 65	1013 Carrollton Ave.
I. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	
WHAT COU	4n Known
A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS O	
ne during most of working hi(e, even if retired)	16
housewite	unknown
. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIA	
es, no or unknown) (if yes, give wor or dotes of service) SECUR	Ernest S. Carter 801 Bentalou St.
19 /	USE OF DEATH APPROXIMATE INTE
114/2/1	BETWEEN ONSET AND
DISEASE OR CONDITION DIRECTLY Art	teriosclerotic cardiovasclar disease
LEADING TO DEATH	NAMEDIATE CAUSE
(This does not mean the mode of dying, e.g.,	DUE TO, OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused deoth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
II.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OP	ERATION WAS PERFORMED 21. AUTOPSY? (Yes or
5 1 ,	
	Partial
22A. EXTERNAL CAUSE WAS 22B. PLACE OF home, form, foctor	INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) ry, street, office bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	y, street, once bidg., etc.) INJOKT OCCOR!
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.1NJURY	OCCURRED 22F. HOW DID INJURY OCCUR?
OF INJURY	NOT WHILE
(APPROX.) m. WORK	AT WORK
23.	
1 certify that I held on Inquiry Inspection	or P Autopsy XX and that an this basis, death in my opinion
resulted from: Notoral couses XX Accident	
resulted from: Noturol couses that Accident to	
1 IN	CHIEF MEDICAL EXAMINER DATE SIGNE
ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER XX
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
FMOVAL (Specify)	CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote
R. 5-8-69 Balta	Not 1 Cem Botto
Dyrial Dylin	TRAR 25C. FUNERAL DIRECTOR (0//-/ > ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	TRAR DESC. FUNERAL DIRECTOR 1011-13 ADDRESS
mini (1303 (Makel C. Jan)	TRAR M.D. 25C. FUNERAL DIRECTOR 1011-13 ADDRESS Sullivan Funeral Home - N. Arlington
5 151-REV. 1/1/6B	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



_ 1	ACCO BALTIMORE CITY	Y HEALTH DEPARTMENT 69 4698
263	BIRTH NO. 69 4698 CERTIFICA	ATE OF DEATH
death death ceased on the	1. NAME OF DECEASED (Type or Prigt) MC CREDGY FRONK T.	5-5-69 CE P M.
+ 4 6 4	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
use o ; (5) D dance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	md 24-02
se;	INSTITUTION	Baltimore P. INSIDE CITY LIMITS?
ting d cau d cau		E. STREET AND NUMBER
de radie	South Baltimore General Hospital	446 E Clement
contrib termin regula	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 10 - 2 - 66 9. AGE (In years Months Doys Hours Min.
- 9 - 9 -	done during most of working life, even if retired) Electrician Electrical	Balto. Md. 12. CITIZEN OF WHAT COUNTRY? U.S. A.
if dearect or was in the desposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
t = 1, e = =	Harold Mc Cready	Bessie Meredith
eat al	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
d d d anc	No 218 09 8610 CAUSE OF DEA)	Mrs. Ruth M. Mc Cready 446 E. Clement St.
his a so, if of any unced tendo	DISEASE OR CONDITION DIRECTLY Probab	he Myocardial Infarction ONSET AND DEATH
P P P E	(This daes not mean the made of dying, e.g., (A) IMMEDIATE CA DUE TO. OR AS	USE A CONSEQUENCE OF:
iner ner. actu pro pro mba	heall failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	or of a gran
minimin A fra ho egu	ANTECEDENT CAUSES (B)	S A CONSEQUENCE OF:
exa (3) A an w in r	rise Ia the abave cause (A) stoling the UNDERLYING CONDITION last.	sellosis
medical edical burns; hysicic n was remaii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic C	Histructive Drivey Disease
chief of a m Body the pysicial ethe	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1 by	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	in or obout 2 C. WHERE DID office bldg., INJURY OCCUR?
pt w (6)	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	
he h ny n exce and		
e ; ; e	tho (1) (we) ast sow the deceased alive on 5-5	19 6 9 and that in (my) (our) opinion death occurred an the date
be ad at the at	ond hour and from the couses stated above. (1) (We) (did)(did not)	
must elease ccider a hosp to de at mu	23A. SIGNATURE MD AH Ph.	tending Med. Staff 5-5-69
y was re (1) An ac 3.A. at a d prior	PHYSICIAN'S MAMERITY L. DAW MD	South Belt. Hen. Hosp. Balt.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
body ws: (1 s D.O. eased	Burial 5 9 1969 Holy Cross	
This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1969	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
III. E. I. I. I. I.	VS 150-RFV, 1/1/68	

in a mark plant to Sust Bath more Garetal Hespital 446 E Clement

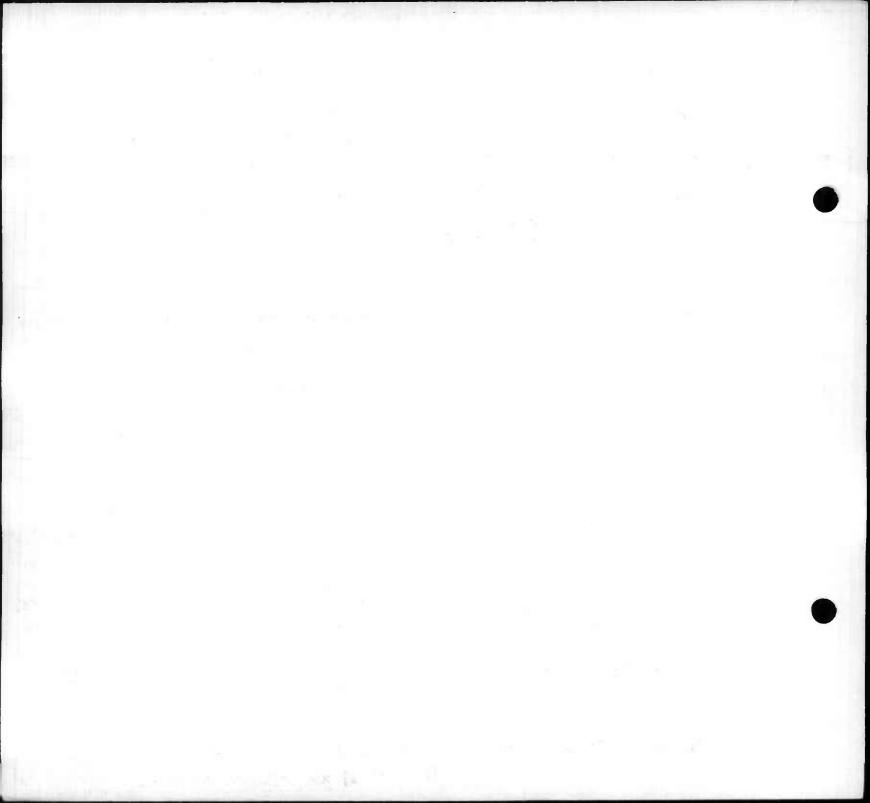
VS 150-REV. 1/1/68

		CO 4000 BALTIMORE CIT	Y HEALTH DEPARTMENT
-		CEDTIFICA	ATE OF DEATH REG. NO. 69 4699
		ATH NO.	
		pe or Print) AMY T. ROBBILIS	2. DATE AND HOUR OF DEATH
	3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Whose docoosed lived, Il institution, residence before admission)
	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A STATE B. COUNTY
	HC	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
31	1	mcond 11	OWING-S MILL YES NOW
		MERCY HOSPITAL	E. STREET AND NUMBER
3	5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SHRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
E		WIDOWED DIVORCED	Months Doys Hours Min.
	don	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SILIED	H	MEMAKER	BALTIMORE U.S.A.
2	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME GLIMES
	U	BAN H. LIEGLER	CLARA GRIMENS
	(Yes	Was Deceased Ever in U. S. Armed Forces? (no or unknown) Ut yes, give wor ar dotos af sorvice) SECURITY NO.	17. INFORMANT BOX 255A RI#2
		10 217-03-3861	Harry P. Robbins Jr. Owings Wills Mid
5		18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Managara Canadana
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease,	JSE METASTATIC CARCINOMA
		injury of complication which caused death.)	
		ANTECEDENT CAUSES (B) CARCI	NOMA CLOLON
		nse to the abave cause (A) stating the	A CONSEQUENCE OF:
		UNDERLYING CONDITION lost, (C)	***************************************
	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	Ā	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
	ERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
	CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	
	CAL	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of place)	fice bldg., INJURY OCCUR?
	0	21D-TIME (Month) (Day) (Year) (Hourt 215 IN 11127 OCCUPAND	21F. HOW DID INJURY OCCUR?
	8	OF INJURY (APPROX.) While At Not While Work At Work At Work At Work Not While Work Not	
			10 mail 10/9 HMOL. 19
		that (H) (we) last saw the deceased alive on 3 MAS	1969 and that in (our) opinion death occurred on the date
	-	and hour and from the causes stated above. (1) (We) (did) (did not) v	lew the body after death.
	1	23A. SIGNATURE	23 B. DATE SIGNED
		Phys	
	ľ	NAME (Type)	23D. ADDRESS
	24 A.	SURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CRE	MERCY HOSP.
	T	REMOVAL (Specify)	20 / Solet
	25A.	DATE RECO BY HEALTH DEBT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS ADDRESS
		OD AFF Factors	AHA Is Sol Back Porings Mills Will
		50 PEV 3/1/20	The state of the s



This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of the hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

69 4700 BALTIMORE CIT	Y HEALTH DEPARTMENT
CEPTIFIC	ATE OF DEATH REG. NO. 69 4700
I. NAME OF DECEASED	
(Type or Print) SCHELNE	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence belore admission)
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mp. 17-37
INSTITUTION ADDRESS OR ECCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKRON 11 -	E. STREET AND NUMBER
MERRY HOSPITAL	6824B STURBRIDGE DR.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., II Under 24 Hrs., Months: Doys Hours : Min.
WIDOWED DIVORCED	12/16/01/74
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED COURT- LAW.	BALTIMORE
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MOOLDH E.M. SCHEINER	CATHERINE GOTTSCHALK
15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) Uf yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
NO	MES MARIE SCHEINER- 6824-B. STURBRIDGE DA.
18. CAUSE OF DEAT	THE CONTRACT OF THE PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	car of pan clear only
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. it means the disease,	A CONSEQUENCE OF:
injury or camplication which caused death.)	Yastasis to the waim
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
2 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 11 121B. PLACE OF INJURY (C.G.).	100.
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)	in or obout 21C. WHERE DID (It in Boltimore City, give exact tocotion) iffice bidg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	11/18/69/19to
that (1) (we) last saw the deceosed alive on	1969 and that in (my) (our) opinion death occurred on the date
and hour and fram the causes stated bove, (1) (We) (did) (did nat)	- / :
23A. SIGNATURE	ending Med. Stoff Director Phys. 238, DATE SIGNED
23C. PHYSICIAN'S	23D. ADDRESS
Abdolhamid Chiladbegree	Mercy Mosp. Balto.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIANA STOLAR COLL	PETERY. COVENTE MO
25A. DATE RECID BY HEALTH DEFT. 9 258-NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VS 150-BEV. 1/1/68	DOLAKAH FIRERAL HOME-4210 BELAIN PO



5-314

	by 4/U1 BALTIMORE CIT	Y HEALTH DEPARTMENT	
	MEDICAL EXAMINER	S CERTIFICATE OF DEATH REG. NO.	9 4701
BII	RTH NO.	KEO, 140	
1. (Ty	NAME OF DECEASED JOSEPH STOVALL	2. DATE Known Manth Doy OF DEATH Estimated	Yeor Hour
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 4, 19	
2	2204 Linden Avenue, 3rd Floor	A. STATE Maryland B. COUNTY	13-02
6.	Male Negro WIDOWER XX DIVORCE		ES NO
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 2 Hours Months; Days Hours 68	4 Hrs. E. STREET AND NUMBER	
11.	BIRTHPLACE (State or foreign country) Halifax Co Va 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Brack Stovall	4 11001
14A dan	.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR IND e during most of working life, even if retired) Laborer	USTRY 15. MOTHER'S MAIDEN NAME	
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) ((if yes, give war or dates of service) 17. SOCIAL SECURITY NO		DDRESS
		Mr James Stovall. 2233	Druid Hill Av
	19.	DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	iosclerotic cardiovascular diseas	le
	(A)IMMED	DIATE CAUSE D, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUGE		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	O, OR AS A CONSEQUENCE OF:	
Z	UNDERLYING CONDITION LAST. (C)		
CERTIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
CERT	204. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	21. AUTOPSY? (Yes ar No) Yes
4	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY	Y(e.g., in ar about 22C. WHERE DID (If in Baltimare City, give exc	
EDICA		et, office bldg., etc.) INJURY OCCUR?	ici racanan)
Σ	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.TNJURY OCCUI OF INJURY (APPROX.) WHILE AT WORK	NOT WHILE AT WORK	
	23. I certify that I held on Inquiry Inspection		opinian
		Suicide Homicide Undetermined monner	100000000000000000000000000000000000000
	ACTUAL OR S S	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.I.	_m.b.	ıy 4, 1969
24 RE	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEME	ETERY or CREMATORY 24D. LOCATION (City, tow	n, ar county) (State)
	Burial 5/9/69 Mt Auby A. DATE REC'R BY HEALTH REALY [258. NAME OF REGISTRAR	urn Cemetry	ADDRESS
	2 000 RO C. Sally	Adolphus Halstead 120	

VS 151-REV. 1/1/6B

Headk Stovall Er James Stovall, 2222 Sent Will ABRELLIA A GOSTILA C. A NO. BI DI CANDIDA CONC

Saltimore - Ma

Mt. Auburn Cemetary

69/6/9

Isbud

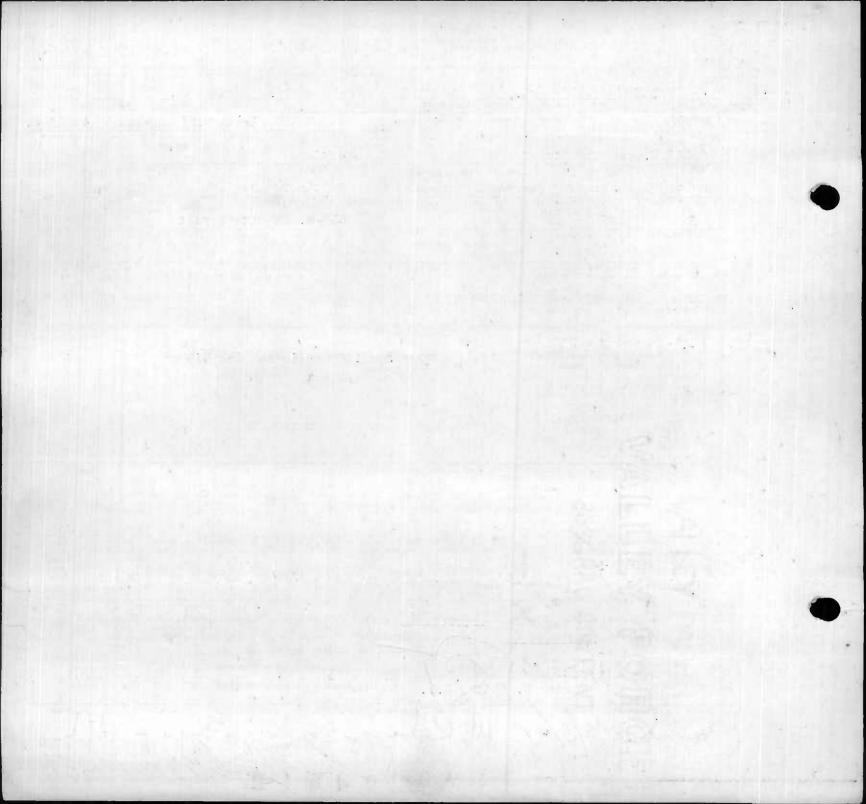
SUSI bassufull sunqioha

6-620

69 4702 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PER NO 59 4702

BIE	RTH NO.								REG. N	10	7:00	_
	NAME OF DECI	EASED				2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(1 Y	WILL	TAM	L.		GROSS	OF DEATH	Estimoted 🔀	April	25.	1969	UNK	М.
4.		IMORE, MARYLAN		RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HO	LL NAME OF SPITAL INSTITUTION	(IF NOT IN HE	OSPITAL OR IN LOCATION)	STITUTIC	ON, GIVE STREET		JNCED DEAD	April	29,	1969		PM
12	2	Fayette S	Street			A. STATE	esidence (When yland		B. COUNT		S - O	}
6.	SEX	7. RACE	B. MAR	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDI	E CITY LIMITS	-	
	male	negro	WIDO	WED [DIVORCED		1timore			YES X	NO 🗌	
	DATE OF BIRTH	lost b	GE (In yeors sirthdoy) 68	Month	der 1 Yr. If Under 24 Hrs. ns 1 Doys 1 Hours 1 Min.	81	5 W. Faye	ette St	reet			
11.	BIRTHPL ACE (St	ote or foreign cour	ntry)		ITIZEN OF HAT COUNTRY?	13. FATHER	'S NAME					
		ATION (Give kind or orking life, even if re		D OF B	SUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
		D EVER IN U.S. A (If yes, give wor or			17. SOCIAL SECURITY NO.	IB. INFOR	ANT			ADDRESS		
	1921	2001			CAUSE OF DEA	тн		795	3.15		APPROXIMATE INTER	
	DISEASE	OR CONDITION	DIRECTLY		Uwnort	onaina	Cardiova	noular 1	Diagon			
		EADING TO DEA			(A)IMMEDIATE		Cardiovas	sculai	DISEAS	se		
		t meon the mode osthenio, etc. It med			DUE TO, OR	AS A CONSEG	UENCE OF:					
	injury or com	plication which cous	ed deoth.)									
	AN	TECEDENT CAUS	FS		(n)							
	DISEASES O	R CONDITIONS,	F ANY, GIVIN	G	DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CAUSE (A	A) STATING TH	E								
Z	ONDEREIN	o condition t	,431,		(c)							
CERTIFICATION	OTHER SIGNI TO THE DEA	II FICANT CONDITIO TH BUT NOT RELAT CONDITION GIVEN	ED TO THE TER	MINAL		Di Marani Marani (Tarani Di Tarani) di Marani 77 77 77 77						
RTI	20A. DATE OF			*	WHICH OPERATION W	AS PERFORM	NFD.			21. AUT	OPSY? (Yes or N	0)
S	0											,
_	0	IAL CALICE WAS		loop p	LACE OF INITION		OC MUEDE DID	(II - D to	- C11		No	
EDICA		OR CONTRIBUSE OF DEATH.		home,	LACE OF INJURY (e.g., form, foctory, street, office	e bldg., etc.)	NJURY OCCUR?	(If in Bollimor	e City, give	e exoct locotion)	
Σ	OF INJURY (APPROX.)	Month) (Doy)	(Year) (Ho	W		WHILE	22F. HOW DID II	NJURY OCCI	JR?			
	23.		100									
	I certi	fy that I held o	n Inquiry	LI.	Inspection X Au	topsy	ond that on	this bosis,	deoth in	my opinion		
	resulte	ed from: Naturo	couses K	A	cident Suicio	de 🖵 🛮 H	omicide 🗌	Undetermin	ned monn	er 🗌		
		1		(2		CHIEF MEDICAL	EXAMINER			DAYE CICNES	
	ACTUAL	DE 1100>	mg/	-	107 M.D	ASSI	STANT MEDICAL	EXAMINER	X		DATE SIGNED	'
	SIGNATU	- 1/0	an am II	Cari			CIATE MEDICAL	FXAMINER	П	4	4/29/69	
24	NAME (T)	/pe)	oner U.		1)	or CREMATO		, LOCATION	1City	town, or count		_
	MOVAL (Specify		din	V	II CENTERAL	OF CREMIAIN	10	1 1 %	(Cily,	TOWN, OF COOM	(Stole)	
	burns	0/6	1/09	M	H. CAlve	N	116	15 m	zurs	1-0-1	M	
25	A. DATE RECID	7 136	- (- H)	NAME	OF REGISTRAR	1.D. 0.5C.	FUNERAL DIREC	and)	1714	ADDRESS W. //	VAL A	2
_				1	9 11	2	TX		V / / -			_



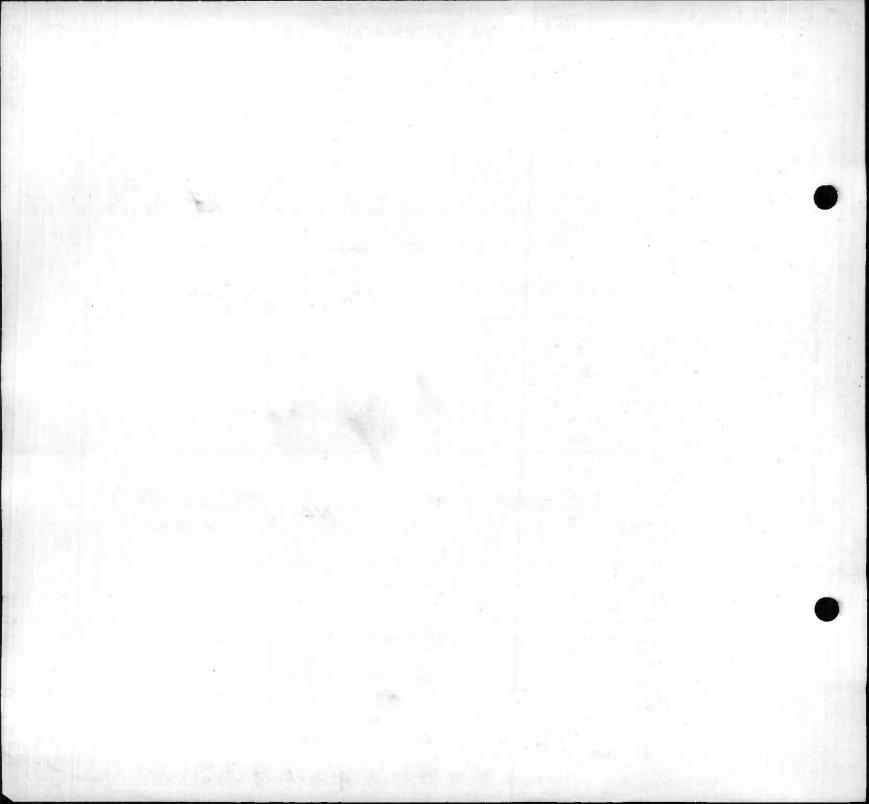
a hospital and

69 4703

CERTIFICATE OF DEATH

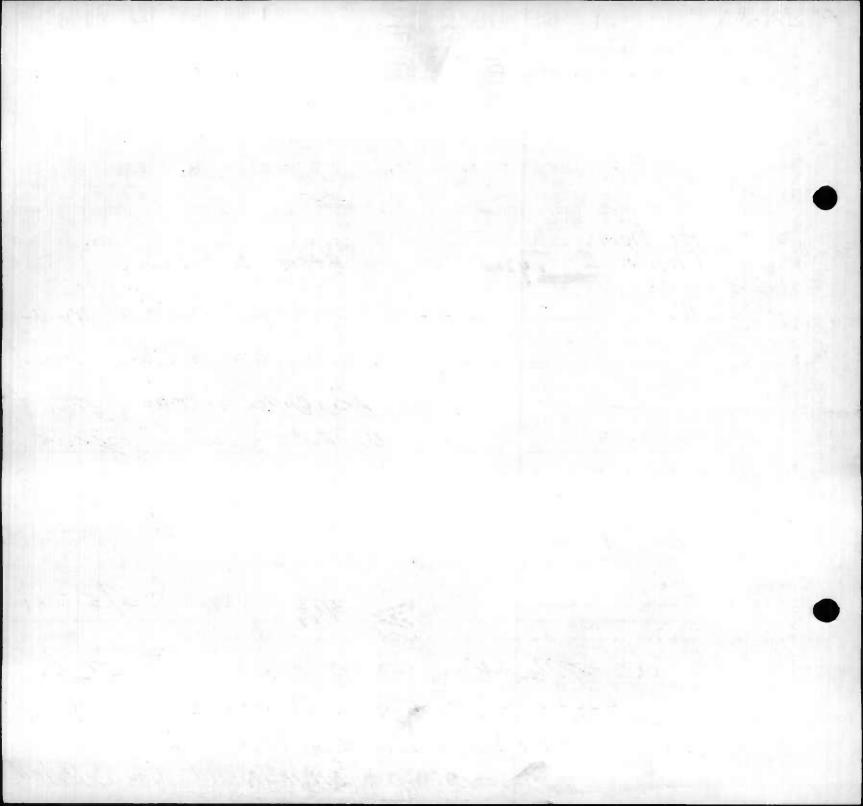
REG.	NO.	(3)	4703
		11.5	7 00

L b o t	BIR	TH NO.	ATE OF DEATH
death eased n the Such		AME OF DECEASED	2. DATE AND HOUR OF DEATH
de ce c	Libb	De or Print) BOARDLEY MARY E	3.6-69 2.00 Am.
of Dec	3. [PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
			Md 15-06
ng cause cause; (5) attendancior to dec	HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
se;	INS	INTUION INTUINER AND	
autho 7	Va	LUTHERAN HOSPITAL OF MY	BALTIMORE YES NO
.= .		HOSPITAL OF MY	1820 BUKELAND ST
ar ar de	5. S	EX 6. RACE 7. MARRIED NEVER MARRIED	C PART OF PLANT
trib min gul sed ma		MARKIED NEVER MARKIED	Months Doys Hours Min.
err re- re- sas	104	USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole Foreign Country?
n c		e during most of working life, even if retired)	
or nde s in de itio			Md. U.S.A.
(4) Un was the	13.		14. MOTHER'S MAIDEN NAME
t + (4)		unproun	infram
e di ind; eath e on al di	15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	
kin dec ce	Tes	s,no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT, Clack Steel
		CAUSE OF PEATURE	
any ced nda		18. 4 3 6 91 CAUSE OF DEATH	BETWEEN ONSET AND DEATH
So, of of ter		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	00 4/0
ono at		(A)IMMEDIATE CAUS	USE COMA A CONSEQUENCE OF:
		heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
act pr ula mb		injury or complication which caused death.)	
- T 0 D 0		ANTECEDENT CAUSES (8) CEREL	BRO VASEVIAR ACUDENT
× A × b × b × b		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the obave cause (A) stating the	A CONSEQUENCE OF:
0 M - E		UNDERLYING CONDITION last, (C)	
dical erres; (; /sician was in			
burns; hysici n was	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ho dy	F.	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ERTIF	O WAS TERIORITED	NO
(2) (2) ere o ph	ū	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	in or obout 21C. WHERE DID (If In Soltimore City, give exoct location)
tal by here the No phy before	CAL	DEATH (notify medical examiner) etc.)	
	_	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosp natur ept w d (6)	×	OF INJURY (APPROX.) While At Not While	
		Work At Work	
the exe an obt		22. I certify that (1) (this haspital) attended the deceased fram	
6 6		that (1) (we) last saw the deceased alive an	19 6 7 and that in(my) (cor) apinian death accurred an the date
P + i + i		and haur and from the causes stated above. (1) (We) (did) (did not) vi	view the bady after death.
dent deat deat must		23A. SIGNATURE	23 B. DATE SIGNED
		F how N 3 M) After Phys	ending Med. Staff. Phys. P. S-6-69
- a a c a c a c a c a c a c a c a c a c		23C. PHYSICIAN'S	23D. ADDRESS
An a L. at prior		NAME (Type)	LUTHERAW HOLDITAL OF MA
-	244	BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY of CRE	REMATORY 24D. LOCATION (City, Jawn, or county) (Stote)
7000		REMOVAL (Specify)	720 5
book ws:		0, 969 Williams Pr	money Maryor
the body shows: (was D.O decease written	25A	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	ADDRESS ADDRESS
₹ ₩ 3 ₱ 3		source (100 40 9. GARA)	allthough of umor 2302Wholen
	VS	150-REV. 1/1/68	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		69	ATO	BALTIMORE CITY	HEALTH	DEPARTMENT		69 8704	
		()()	4/04	CERTIFICA	TF O	E DEATH	REG. NO.	00 4704	
	H NO.			CLKTITICA	ILO				
	e or Print)	ASED		1		2. DATE AN	D HOUR OF DEATH		
17/1	e or rillin	COOK. Pearl	E			May 1	1. 1969	11.30 A M.	
3. F	LACE IN BALTI	MORE, MARYLAND, WHERE	PRONOUN	CED DEAD	4. USUA A. STATE	L RESIDENCE Where	e deceased lived. If in	nstitution: residence before admission)	
FU I HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITAL O	R INSTITUTI	ON, GIVE STREET		Maryland OR TOWN	D. INS	IDE CITY LIMITS?	
9	10					altimore T AND NUMBER		YES Y NO L	
	Bolton H	ill Nursing & C	onvale	scent Ctr.	2	831 Hunting	gton Ave.	21211	
5. S	EX	5. RACE 7. M	ARRIED	NEVER MARRIED	B. DATE		ast birthdoy)	If Under 1 Yr. If Under 24 Hrs.	
in A	F USUAL OCCU	White WII	DOWED N			0-93	76	12. CITIZEN OF WHAT COUNTRY?	
		orking life, even if retired)		OSTRESS OR INDOSTRE	THE CHAIN	THE (SIDIE OF TOTAL)	gii cooiiiiyi	12. CHIZEN OF WHAT COUNTRY:	
	At F	ome			Mar	vland		II.S.A.	
13.	ATHER'S NAM	E			14. MOTI		15 0	/	
(NISUL	es Limbonous 4	5014		1	PFIP	L YER	ber	
15. Yes	Was Docoased	ever in U. S. Armod Forces?	service)	6. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS	
	Ma		2	73 OF 01.6E	14111	VA BHAI	1111 2831	Huntinta Due	
	18.	09		CAUSE OF DEAT	H	110/11/11	111 00001	APPROXIMATE INTERVAL	
		OR CONDITION DIRECT	LY				1	BETWEEN ONSET AND DEATH	
		EADING TO DEATH		(A) IMMEDIATE CAL		tera at	to fent	dine Leur	
		t meon the made of dyin sthenio, etc. It meons the		DUE TO, OR AS	A CONSEC	UENCE OF:			
		licotion which coused deat					00	,	
	A	NTECEDENT CAUSES		(n)	6/1	, One the	selli2	THE MANY	
	DISEASES OF	CONDITIONS, if any,	giving	(B) DUE TO, OR AS	A CONSE	DUENCE OF:			
		obave cause (A) sloli CONDITION last.	ng the	(5)	711	That a	100	1	
	UNDERLING	CONDITION Idsi.		(C)		Veva 7		yan.	
TION	TO THE DEATH	CANT CONDITIONS CONTRIE BUT NOT RELATED TO THE TE	RMINAL						
CA		NDITION GIVEN IN PART I (A		ICH OPERATION	20 A. A	UTOPSY? (Yes or No)	20B, IF YES, WERE	FINDINGS CONSIDERED	,
CERTIFICATI		WAS PERFORM					IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
CER	21A. ACCIDEN	WAS UNDERLYING	21 B. PL	ACE OF INJURY (e.g., i	n or about	21 C. WHERE DID	(If in Boltimo:	re City, give exact location	
CAL	OR CONTRIBUT	TING CAUSE OF		farm, factory, street, o			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	21 D. TIME	(Month) (Doy) (Year) (Ha	ur) 21E, IN	NJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?		
MEDI	OF INJURY		White	At Not Whit	e 🦳				
	(APPROX)		Work	At Work		1		1	ı
	22. I certify t	hat (I) (this haspital) att	ended the	deceased from	3	//3 1	9 6 9 10	3/5 1969	,
	that (I) (we) 1	ast saw the deceased al	ve an	5/5	19	69 and the	it in (my) (aur) api	inian death accurred an the date	
	and haur and	fram the causes stated a	bave. (1) (We) (did) (did nat) v					
	23A. SIGNATUR			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		447 41101 4441111		23B. DATE SIGNED	
	0	2 m	11/		ending	Med.	Staff	1.1.	
	22C BHYSICIAA	- / /any	7	DEGREE Phy			Phys. 🗀	5/6/69	
	NAME (Ty	A1 , A-1/	11	MACHT M	23D. ADDI	= 1	100	2 o Dest.	
246	BUBLAL CREA	14 111	17.	DEGLE	2	1= 200	cref of	melle no	
ZAM	BURIAL CREM	ecify) 248. DATE	24C. NAN	TE of CEMETERY OF CRI	MATORT	240. 10	CATION	City, town, or county) (Stote)	
1	151108	11112469	Shi	vews bure	1 60	in JC	hrews bu	My PA	
25 A	DATE REC'D		NAME OF	REGISTRAR	25C	UNERAL DIRECTOR	. //	1 BORESS / W	-
	ill.	14 7 1969	19/200	19.58 Bish	5/1/3	UNGER STON	meval /	tome 132/10/11/	
_	150-REV. 1/176			134	1/11	1 1/16 11	160		



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	Ь	9 47	US CERTIFICA	ATE OF	DEATH	REG.	NO	69	4705	
1. NAME OF D	ECEASED				2. DATE A	ND HOUR OF	DEATH			
3 PLACE IN R	CALLINAN, Maur	ice NMN		U. maria	5-4				4:30	PM
S. PENCE IN B.	ALTIMORE MARILAND, V	WHERE PRONO	UNCED DEAD	A. STATE	RESIDENCE (WH	ere deceased ii	ved. If in:	stitution; res	sidence before o	dmission)
FULL NAME OF	F IIF NOT IN HOSPIT	TAL OR INSTIT	UTION, GIVE STREET	MAry	land			6	-01	
MOITUTION	Veterans Admir			C. CITY OR			D. INSI	DE CITY LIN	AITS?	
73	3900 Loch Rave	n Boule	nard on nospital	11.	imore			YES 🗌	ио 🗌	
	Baltimore, Mar									
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF	North Cu	9. AGE (In ye	eet	If Hadas	3 V. 11 11 - 1 -	04.11
Male	Caucasian	WIDOWED		1-50	BIRTH - 1901	lost birthday	uta	Months [Yr. il Under Doys Hours	Min.
IOA, USUAL OC	CUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTR	11. BIRTHPL	A CE State or lor	eign country)		12. CtT7	N OF WHAT C	OUNTRY
one ouring most	or working life, even it refired)	-0	CORK& SEAL							CONTRI
1-ABO 3- FATHER'S N.		CREWN	CORK & SEAR		RYLAN.			U.	S. A.	
Tarana (3-114					(IVIE				
Edward (1002	1 6. SOCIAL	Emma	Gray					
	ed Ever in U. S. Armed For vn) lif yes, give wer or date		SECURITY NO.	INFORM.	ANT VA Ho	spital R	ecord	ls '	ADDRESS	
Yes	9-1-42 to 1-	23-43	213-01-02-48		imore, M	aryland	21218	3		
18.4	245		CAUSE OF DEAT	TH				BE	APPROXIMATE IN	
DISE	ASE OR CONDITION DI	RECTLY		Staph	ylococca	1 Pneumo	nia		1 # Mont	
(This does	nai meen the made of	dying, e.g.,	(A) IMMEDIATE CA	USE					. 8	
injury or co	, asthenia, etc. it means implication which caused	the disease,	200,00,00	N GOMBERGE	NGE OF:					
	ANTECEDENT CAUSES		COPD						Vanna	
DISEASES	OR CONDITIONS, if	anv. aivina	(B) DUE TO, OR AS	A CONSEQU	ENCE OF				Years	
rise la t	he above cause (A)	slating the	200 101 0K AC	A GOILLE	LINGE OF:					
UNDERLYIN	IG CONDITION lost.		(c)		***************************************	*************				
Z OTHER SIGN	IFICANT CONDITIONS CO	NITOIDISTING								
TO THE DEA	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	US TEDMINIAI			***************************************					
HIPA-DATE O	F OPERATION 198 CON	DITION FOR Y	HICH OPERATION	20A. AUT	OPSY? (Yes or N	o) 20B, IF YES,	WERE FI	NDINGS C	ONSIDERED	
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DEATH (notil	y medical examined	etcJ	, iming receipt, energy c	ince brogg iii	ONI OCCOR:					
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	•			19_92	and th	nat in (m) (a	ur) opini	ion death	occurred an t	he date
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23C. PHYSICI NAME I				23D. ADDRESS	2700 1	och Rave				
4A BURIAL CO	IA C. SCHMIDT	1040 114	MD DEGREE	***************************************		ore, Mar				
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

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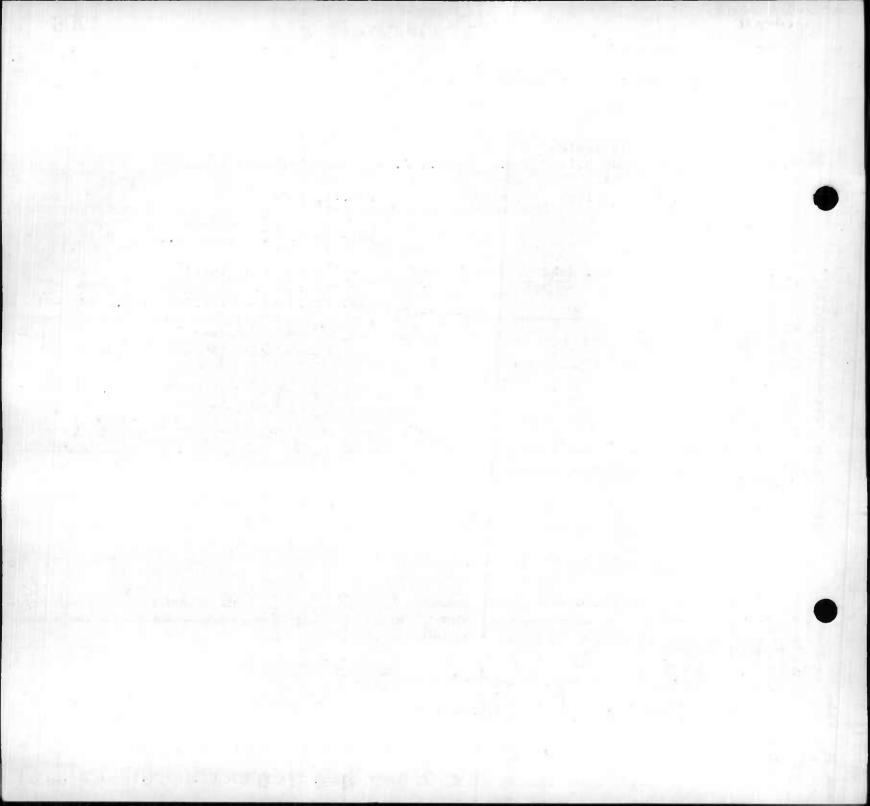
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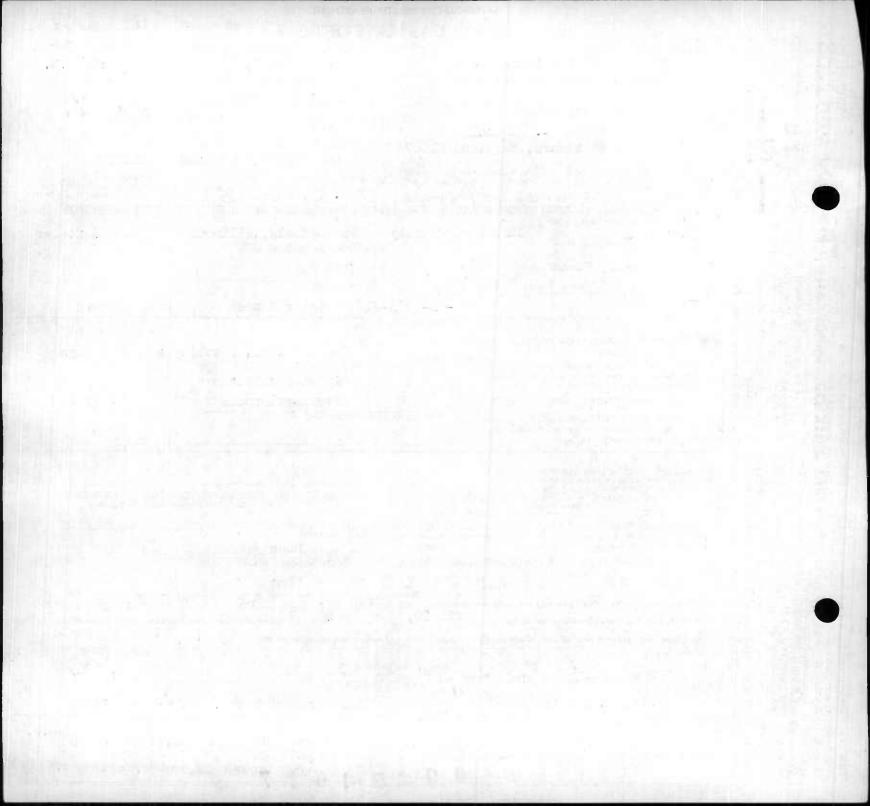


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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital layerant when the cause; (5) Deceased

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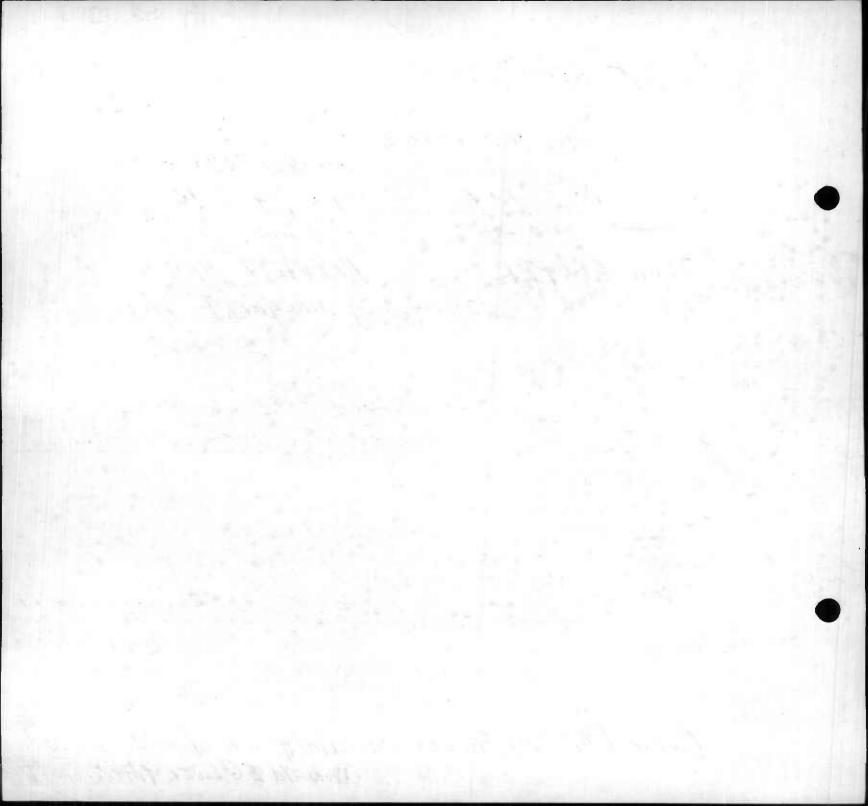
43-22-This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Type or this discussed. THE STEIN AND HOUSE STATE NAME THE STEEN NAME THE STATE NAME THE NAME THE STATE NAME THE N	5 IB J-520 69	4708 CERTIFICA	Y HEALTH DEPARTMENT	REG. NO	69 4708
2. PLACE IN SATIMORE MARTLAND, WHITE PERNOUNCED DEAD ASTAPE B. COUNTY PROT IN HOSPITAL OR INSTITUTION, OVE STREET MERITURORE CITY HOSPITALS ADDRESS OR LOCATION BALTIMORE MARYLAND ALTHORE CITY HOSPITALS BALTIMORE MARYLAND BALTIMORE MARYLAND 1. SEE BALTIMORE 1. SEE BALTIMORE MARYLAND 1. SEE BALTIMORE 1. SEE	(Type or Print)		2. DATE	AND HOUR OF DEATH	
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SEE STATE PROBLE AMERICA AMERICA	BALTIMORE CITY I 4940 EASTERN AVE	ENUE	BALTIMORE	D. INS	1000
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SOUTH CAROLINA USA 3. FATHER'S NAME LA. MOTHER'S MAIDEN NAME LA. MOTHER'S MAIDEN NAME EMMA MACK 5. WAS Decessed free in U. S. Amed Farcer? Feline of unknown) BI yes, give wor of doles of service) 16. SOCIAL SECURITY NO. RECORDS—BCH—4940 EASTERN AVENUE, BALTIMORE, MD ANTECEDENT CONDITION DIRECTLY LEADING TO DEATH This does not mean the mede of dying, e.g., been failure, soliberia, etc., if imeans the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) staining the UNDERLYING CONDITION lest. TO THE SIGNIFICANT CONDITION SHAPE OF INJURY (e.g., in or chould lest be started) DISPACED FOR CAUSE OF DEATH OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERIORMED 20. ALTOSTYT (** or No. 200. If yes, were finding causes of peating to the document of the condition	FEMALE NEGRO WID	OWED DIVORCED	5-5-Q6	lost birthdoy)	Months Doys Hours Min.
EMMA MACK S. WAS DECREASE FROM U. S. Amed Street? SECURITY NO. RECORDS - BCH - 4940 EASTERN AVENUE, BALTIMORE, MD POISEASE OR CONDITION DIRECTLY LEADING TO DEATH This dees not man the mode of dying, a.g., heath follow, etc., it means the disease, injury or complication which coursed death, so the dever course (A) sleding the UNDERLYNO CONDITIONS, it any, giving fise to the obever course (A) sleding the UNDERLYNO CONDITION CONTRIBUTING TO THE TEMPHANAL CONDITION FOR WHICH OPERATION Of The DEATH BUT NOTREATED TO THE TEMPHANAL CONTRIBUTING TO OPERATION FOR WHICH OPERATION OF CONTRIBUTION CONTRIBUTING TO OPERATION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYNO THE MAD THE THING CAUSE OF DEATH OF CONTRIBUTION CONTRIBUTION TO CAUSE OF TOWN TO PERATION WAS FERROMADED 21A. ACCIDENT WAS UNDERLYNO THE PRAIT (A). 21A. ACCIDENT WAS UNDERLYNO THE PRAIT (A). 21A. ACCIDENT WAS UNDERLYNO THE CONTRIBUTION TO CAUSE OF THE PRAIT (B) CAUSE OF CONTRIBUTION TO CAUSE OF THE PRAIT (B) CAUSE OF THE PRAIT (B	done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY			
RECORDS - BCH - 4940 EASTERN AVENUE, BALTIMORE, MD	x kanniexianes x unk			AME	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the made of dying, e.g., the collisions, estimated the decased death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION S. III OTHER DEATH BUT NOTSELATED TO THE TERMINAL DIDETO, OR AS A CONSEQUENCE OF: (C). OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DIDETO, OR AS A CONSEQUENCE OF: (C). OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DIDETO, OR AS A CONSEQUENCE OF: (C). OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DIDETO, OR AS A CONSEQUENCE OF: (C). OTHER SIGNIFICANT CONDITION OF WHICH OPERATION 20A. AUTOPSYT (Tes or No.) 20A. IF TES, WERE FINDINGS CONSIDERED IN CERTIFIANO CAUSES OF DEATH 1 (A). OTHER SIGNIFICANT CONDITION OF WHICH OPERATION 20A. AUTOPSYT (Tes or No.) 20A. IF TES, WERE FINDINGS CONSIDERED IN CERTIFIANO CAUSES OF DEATH 1 (A). OTHER SIGNIFICANT CONDITION OF WHICH OPERATION 20A. AUTOPSYT (Tes or No.) 20A. IF TES, WERE FINDINGS CONSIDERED IN CERTIFIANO CAUSES OF DEATH 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF DEATH Indiffy medical examined contribution of City, six well will be subject to the contribution of City, give exad locotion) to the contribution of City, give exad locotion of City, six well will be contributed to the decased of City, six well will be contributed to the decased of City, six well will be addy after death. 21D. TIME (Monthi) (Doy) (Teal (Hour) 21E. INJURY OCCURED While AI (Monthi) (Doy) (Teal (Hour) 21E. INJURY OCCURED While AI (Monthi) (Doy) (Teal (Hour) 21E. INJURY OCCURED AIR MONTH CONTRIBUTION (DOY) (Teal (Hour) 21E. INJURY OCCURED AIR MONTH CONTRIBUTION (DOY) (Teal (Hour) 21E. INJURY OCCURED AIR MONTH CONTRIBUTION (DOY) (Teal (Hour) 21E. INJURY OCCURED AIR MONTH CONTRIBUTION (DOY) (Teal (Hour) 21E. INJURY OCCURED AIR MONTH CONTRIBUTION (DOY) (Teal (Hour) 21E. INJURY OCCURED AIR MONTH CONTRIBU	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of se	1 6. SOCIAL SECURITY NO.		40 EASTERN A	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving ise lo libe above cause (A) staling the UNDERLING CONDITION tast. CC) OTHER SIGNIFICANT CONDITION (A) OTHER SIGNIFICANT CONDITION (A) OTHER SIGNIFICANT CONDITION TO THE TERMINAL (C) OTHER SIGNIFICANT CONDITION TO THE TERMINAL (C) OTHER SIGNIFICANT CONDITION TO THE TERMINAL (C) OTHER SIGNIFICANT CONDITION (A) OTHER SIGNIFICANT (DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the made of dying, heart laiture, asthenia, etc. it means the di	e.g., (A) IMMEDIATE CAI	USE RESPIRA	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISAASE OF CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION NO 10A-ACCIDENT WAS UNDERLYING 10A-ACCIDENT WAS UNDERLYING 10A-CONTRIBUTING 10A-CONTRIBUTION 10A-CONTRIBUTION 10A-CONTRIBUTION 10A-CONTRIBUTION 10A-CONTRI	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating	giving DUE TO, OR AS		IIA	LWEEK
D 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COMMENT TO COURS ON CONTRIBUTING CAUSE OF COMMENT TO COURS OF CONTRIBUTING CAUSE OF COMMENT TO COURS OF CONTRIBUTING CAUSE OF COMMENT OF CITY, give exact location) D 21D. TIME (Manthi (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Wor	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING	ONIC BRAIN	SYNDROME	5 YR 5
D 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COMMENT TO COURS ON CONTRIBUTING CAUSE OF COMMENT TO COURS OF CONTRIBUTING CAUSE OF COMMENT TO COURS OF CONTRIBUTING CAUSE OF COMMENT OF CITY, give exact location) D 21D. TIME (Manthi (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Wor	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN		NO	10) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OF INJURY (APPROX.) While At Not While Not While Not While Not While Not While Not Work	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	home, farm, factory, street, o	in or about 21 C. WHERE DID lfice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
that (1) (we) lost saw the deceased alive an	S OF INJURY	While At Not Whil	le [JURY OCCUR?	
and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Stoff Director Phys. S/6/69 Phys. Director Phys. S/6/69 Phys. Sand Phys. Soff Phys. S/6/69 Phys. Sand Phys. Soff Phys. S					inion death occurred an the date
23C. PHYSICIAN'S NAME (Type) DR. V. VALDMANIS BCH-4940 EASTERN AVENUE, BALTIMORE, MD 21224 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 5A. DATE REC'D BY HEALTH DEET. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 66 / W. Barrie Science Sci	and haur and fram the causes stated abo	. Ather	riew the bady after death.	•	
REMOVAL (Specifyl S/10/69 24C. NAME OF CREMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Sound Free Sound State Secretary Sound So	DR. V. VALDMANIS	GEOREE	23D. ADDRESS		1 3/6/67 LTIMORE,MD 21224
1969 (10. 2 3 32 18, 0. D) Cahbrers & Rice 661W. Barre &	24A. BURIAL CREMATION, REMOVAL (Specify) 5/10/69	24C. NAME OF CEMETERY OF CRI	EMATORY 24D.	LOCATION (C	ity, town, or countyl (Stote)
C 100 BEN 1/1/40	25A. DATE 15CO BY HEALTH DEST. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	& Rice	

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

69	417100	TE OF DEATH	REG. NO.	69 4709
BIRTH NO.	CERTIFICA	TE OF DEATH	^	
(Type or Pant) HOPKIN	IS DORA	2. DATE AN	30/69	itution; residence before d'imissian)
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PROMOUNCED DEAD	A. STATE B. COUN	TY R	Milition: residence before dimission
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
BOLTON HILL A	TURSING HOME	E. STREET AND NUMBER	Tran	YES NO NO
90		8. DATE OF BIRTH	IERS L	ANE
L 1/	ARRIED NEVER MARRIED DOWED DIVORCED	10/22/79	9. AGE (In years lost birthday 70	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
done during most of working life, even if retired)	MIND OF BOSINESS OR INDUSTRI	PENNSYLV	ANIA	4. S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME 1/0//	
JOHN COOPE	R	MARKIE!	19/4/1	
15. Was Deceased Ever in U. S. Armed Faices? (Yes, no ar yaknown) (If yes, give war at dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT D9 MARGH	RET 1	La PKING
18./1/2.31	CAUSE OF DEAT	н /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTI		C . 1. 1 +		4/1/
(This does not mean the mode of dyin		A CONSEQUENCE OF!	arcon	1/6/69
hearl failure, asthenia, etc. It means the injury or complication which caused deat				
ANTECEDENT CAUSES	(B) art	treslevtor &	ent disent	yeus
DISEASES OR CONDITIONS, if ony, rise to the above couse (A) state		A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c) QV	Winley	gen	yen
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TE				
A DISEASE OR CONDITION GIVEN IN PART 1 (A	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORM	RED		IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore	City, give exact location)
OF INJURY (Month) (Doy) (Yeor) (Ho	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22. I certify that (I) (this haspital) att	ended the deceased from	7/10	19 6 9 to	4/30 19 69
that (I) (we) last saw the deceased all	ive an 4/30	19 69 and the	at in (my) (aur) apin	ian death occurred an the date
and haur and from the causes stated a	bave. (1) (We) (did) (did nat) v	view the bady after death.		
23A. SIGNATURE	ema DAN AH	ending Med.	Staff	23B, DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	Phys.	311/69
NAME (Type) ALLAN	IT MAEHT DEGREE) I E Re	al A	Belond nu-
24A. BURNAL CREMATION, 24B. DAYE	24C. NAME of CEMETERY OF CR	EMATORY 1 24D. L	OCATION (ET)	, town, for county) (State)
25A, DATE REC'D BY HEALTH DEPT. 25B/	NAME OF REGISTRAR	FINOLIA IN A	AUAI 11	14 Soute
MAY 2 1969	8 609 DA	Dalipid 9	GLWER -	Patround PK.
VS 150-PEV 1/1/6R		TOWN IN	J PULL	I REKSUIV IN



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital and, This certificate must be approved by the chief medical examiner or his assistant if death occurred in

BALTIMORE CITY HEALTH DEPARTMENT A74 OCEDITIFICATE OF DEATH 20

REG. NO.	69	47:0

BIRTH NO.	IL OI DEATH
(Type or Print)	2. DATE AND HOUR OF DEATH
Ratherine o Williams	May 5,1969 1 9 3 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	13-03
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
160	YES NO NO
OT 2 11 . 1 (Q 1:	E. STREET AND NUMBER
Sinai Hospital of Baltimore	Λ Λ
	2116 Nestwood Avenue
S. SEX 6. RACE Never Married Never Married Divorced Di	B. DATE OF BIRTH 9. AGE (In years lost birthday) 9. AGE (In years Months) 9. AGE (In years Months) 16 Under 1 Yr. If Under 24 Hrs. Months Doys Maurs Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Vicainia U.S.A.
SERMIRESS	Virginia 0.5.11.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BULLELIN TOOK.	11 MICONGO - MATO
BEVERLY JACKSON	KHINEGEORGE! A TINKE!
15. Was Decased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no as unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	PUSCE / STANFINAL/ TO 834 LAFTAYETT
1100-0011	LUSSEIT STONEWITT JACKSON BROWLING N.A.
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	se Leukemia Smonths
(This does not meen the made of dying, e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES	loid Metaplasia Syears
(8) 1 40	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, ON AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C) ane	mia 2 to A+B 2 years
(0)	
Z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	tionable transt. reaction 2 hours
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO I
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If In Baltimare City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	nce bidg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
≥	
Work At Work	
22. I certify that (this haspital) attended the deceased from	May 1 19 69 to May 5, 19 69,
that (1) (last saw the deceased alive an May 5	1 19 69 and that in (my) (eve) opinion death accurred an the date
and haur and fram the causes stated above. (1) (did) (did not) v	
23A. SIGNATURE	23 B. DATE SIGNED
	nding Med. Staff Phys. St. 5/5/69
degree!	23D. ADDRESS
NAME (Type)	
Barry Green, M.D. GEGREE	Sinai Hospital of Baltimore
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY OF CRE	
KENNOVALISPECITION /OG RAITO NATIONA	1. STAL EPEN EPINE
15/20/16/16/16/10/12/10/10/10/10/10/10/10/10/10/10/10/10/10/	- DOUTKLY EXTEN THUE
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC/FUNERAL/DIRECTOR ADDRESS
MAY 7 1969 (P.D. A. TO S. D. D. J.	March Abra Ballat Cottagen of
The contraction of Allondon	Manara Manara I La I La Dolo IV

VS 150-REV. 1/1/68

some Hospital of Baltimore 2116 Westwood Avenue Galante Salante Victoria 200 M 27 25 25 25 Myeloid Metaplesia Sylvis anemia 2º to A+15 2years Questionable range reaction 2 to the 10 1 2 hope Barry Dress M. D. Sinal Hospital of 18 1- 11 Burry Green MD Bellie State and I to

24C. NAME of CEMETERY or CREMATORY

atIONA

258. NAME OF REGISTRAR

24D. LOCATION (City, town, or county)

(Stote)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

248. DATE

Balrimere, Ada - W.S. Pr Selemon W. Costy Laberco Consenserier Isakell Williams Between the feet the Prospeticion of the second Thursday in the County Burial STE-ES HERIONAL CONCERNY RESIGNATION - MAY Raddel Stindle Hausse Olive

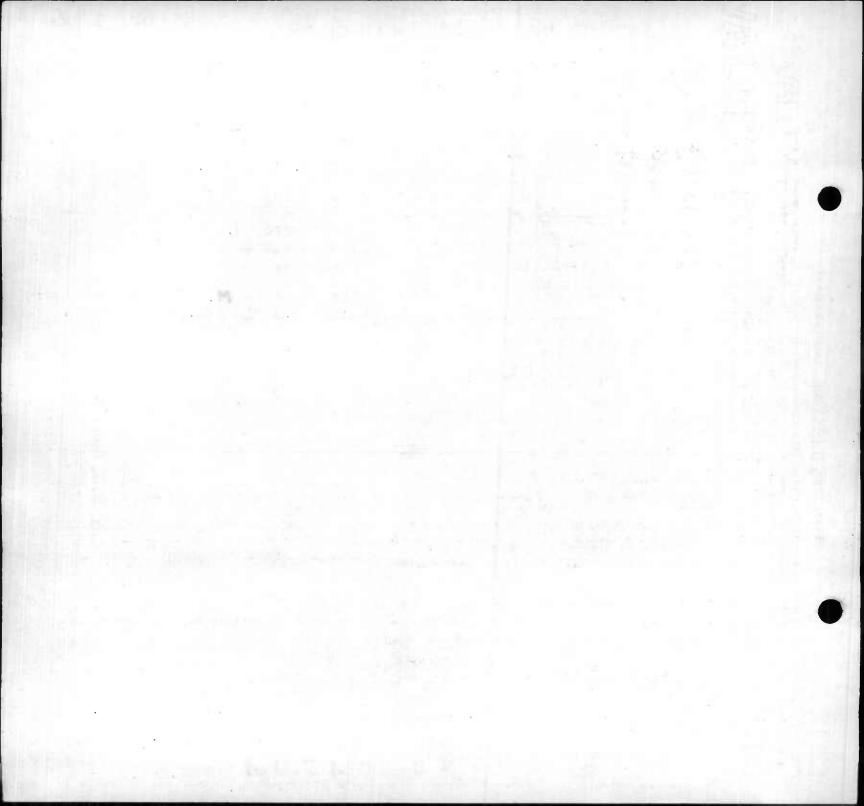
	11.00	BALTIMORE CITY HEALTH DEPARTMENT 69 4712
	sed the the	BIRTH NO. 47 LCERTIFICATE OF DEATH
	(I) (I) (I)	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH
	of de on ath.	FLORENCE M. CALLAHAN May 4,1969 12:00 Noon 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
		A. STATE B. COUNTY
	a hos ause e; (5) ndan	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	cau cau use; tend	Gould Nursing Home Baltimore 21213 YES X NO
	can can rior	6116 Belair Rd.
	ar de b	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	ntrib ntrib rmin egul ssed	female white widowed Divorced June 12.1899 69 Months Doys Hours Min.
	con	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
	in inde	Housewife Baltimore Md. USA
	de de la constitución de la cons	13. FATHER'S NAME
	isp t	Charles Pasterfield Caroline ?
Z	e d ind; eath e or	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Miss Florence M. Callahan (Daughter)
ORTA	kinde de	no 1519 E. North Ave. Baltimore Md.
ō	if if if if if if if if	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MP	lso, of of or uncertaintended	LEADING TO DEATH ATTENIOS CLUST CAUSE GALLET CAUSE Several years
_	al a a	(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease,
OR	ner actual pr	injury or complication which caused death.)
CTC	fre fre	ANTECEDENT CAUSES (B) Generalized Anteniaroleraris Several years
EC	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
N N	al an an s ir	UNDERLYING CONDITION last. (C)
0	ical rns; sicia was	Z CTHER CLEANIFICANT COUNTRICHTING
2A	ned bu bu phy an	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL
NER	chief Body the the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU	tal by;; (2) here lo ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	d by sspire ture t w 6) N	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?

shows: (1) An accident of any na at a hospital (excep deceased prior to death); and (written approval must be obtain (APPROX.) This certificate must be approve the body was released to the h Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (We) (did) (att not) view the body after death. 23A. SIGNATURE 23C. PAYSICIAN'S NAME (Type) was D.O.A. BURIAL CREMATION, 24B. DATE Burial May 8,1969

25A. DATE RECOLUNG HEALTH DEPT. 25B Holy Redeemer

VS 150-REV. 1/1/6B

At Work and that in (my) (bur) aplnion death accurred an the date Attending Phys. Med. Staff Director 23D. ADDRESS Harford Rd. Baltimore N M.D. OEGREE 3202 24C. NAME of CEMETERY OF CREMATORY 3202 Md. 24D. LOCATION (City, town, or county) (Stote) Cemetery Bar Director Baltimore Md. ADDRESS SONS. INC.

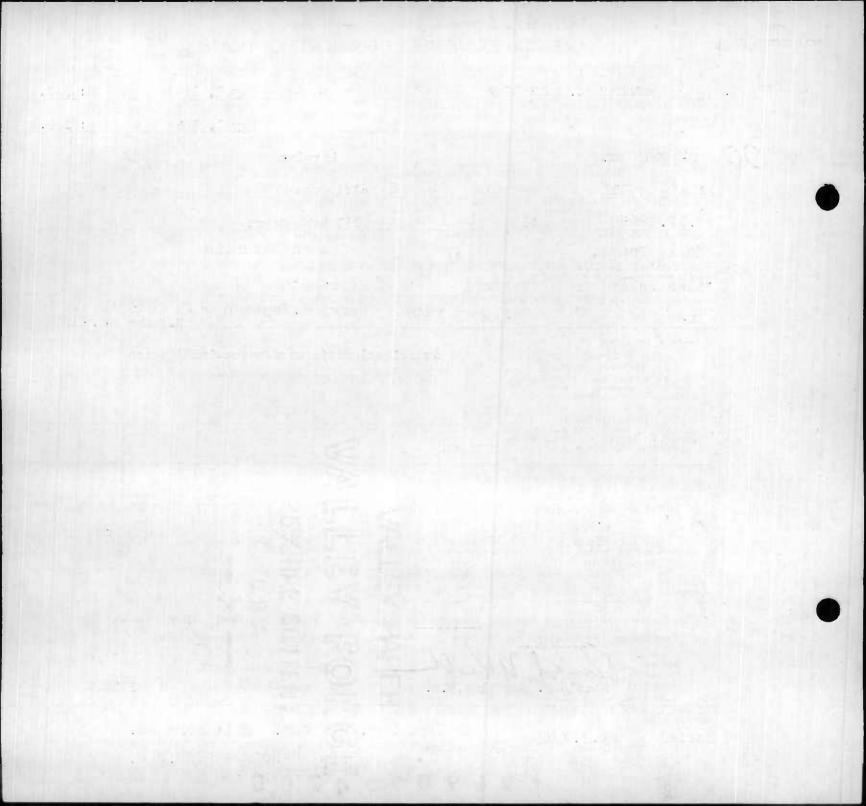


69 4713 BALTIMORE CITY HEALTH DEPARTMENT

69 4713

MEDICAL EXAM	MINER'S CERT	IFICATE	OF DEAT	H
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BIF	RTH NO.					. The second	REG. NO.
1.	NAME OF DEC	EASED					2. DATE Known Month Day Year Hour
(IV	pe or Print)	LBERT	C. ES	TERLI	INE		OF DEATH Estimoted May 1, 1969 6:05 P.M.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE Month Doy Yeor Hour
	LL NAME OF				TITU TIO	N, GIVE STREET	PRONOUNCED DEAD May 1, 1969 6:05 P. M
OR	SPITAL INSTITUTION	ADDRE	SS OR LOCA	IION)			5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
	0/0 == 1	1 0.					A. STATE B. COUNTY
_	942 Web			-			Maryland 10-02
6.	SEX	7. RACE		B. MARR	RIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
M	ale	Whit	e	WIDOV	VED)	DIVORCED [Baltimore 21202 YES NO NO
9.	DATE OF BIRTH	Н	IO. AGE (In			fer 1 Yr. If Under 24 Hrs. s Doys Hours Min.	E. STREET AND NUMBER
10	t.12.18	369	lost birthdo	99	MOITH	s Doys Hours Min.	942 Webb Court
_	BIRTHPLACE (S		in country)	77	12. CI	TIZEN OF	13. FATHER'S NAME
	York, I					HAT COUNTRY?	Cannan Esterline
				1 AR WINE	OF D	USA	Y 15. MOTHER'S MAIDEN NAME
	e during most of w						
C	igar Ma	aker		Ret	tire	ed	Elizabeth ?
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE:	5?	17. SOCIAL	Harry E. Jagdman 6413 Cedonia Ave
(10	s, no or unknown)	(11 yes, give v	war or gales	or service	219	05 1280	Baltimore Md. 21206
	19.	2 1				CAUSE OF DEA	TH APPROXIMATE INTERVAL
	410	de stops					BETWEEN ONSET AND DEATH
		E OR COND		CTLY		Arterio	osclerotic cardiovascular disease
		of meon the		ina a a		(A) IMMEDIATE C	
	heort foilure,	, osthenio, etc	. It meons the	diseose,		DUE TO, OR A	AS A CONSEQUENCE OF:
	injury or com	nplication whi	ch coused de	oth.)			
	1A	NTECEDENT	CAUSES			(B)	
	DISEASES	OR CONDITI	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSEQUENCE OF:
		ABOVE CA		TING THE			
공						(c)	
CERTIFICATION	OTHER CLOSE		11	ONITRIBIL	TINIO		
O		IFICANT CON					
분		CONDITION				***************************************	
ER	20 A. DATE OF	OPERATION	1 20B. COI	NOITION	FOR V	VHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	0						no
EDICAL		NAL CAUSE			22B. PI	ACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
M	UNDERLYING				home,	torm, toctory, street, office	te bldg., etc.) INJURY OCCUR?
ME	UTING CA		oy) (Yeo) (Hou	r) 22	E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.)	` , `	,,	, , ,	W	HILE AT NOT	WHILE
	23.				m. W	ORK L AT W	VORK L
		: 6 ala l-	ald 1		7		
		ify that I h		nquiry [topsy and that on this basis, death In my apinian
	result	ted from: N	lotural cou	ses x	Ac	cident Suicid	
		1	/	10	, /	/ 11	CHIEF MEDICAL EXAMINER L
	SIGNATI		nolo	1 1	116	M.D	ASSISTANT MEDICAL EXAMINER X
	EXAMIN		nald N	- Kor	mb 1	um, M.D.	ASSOCIATE MEDICAL EXAMINER 5/2/69
	NAME (T		III III II	. 101	. III I	am, m,	_ 3/2/07
	A. BURIAL CREA		4B. DATE	-	240	NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	MOVAL (Specif	ty)			1	Moreland M	em. Park Cem. Baltimore Md.
_	urial	Mat.	5.196				
25	A. DATE REC'D			25B. N	IAME (OF REGISTRAR	ADDRESS HENRY SANDER & SONS.INC.
	MA	Y 7 19	363	(K2.0)	1	E Soulsen!	M. DBaltimore Md.
	151 PEV 1/1/AR			TIVE	-	4 6	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	00		TY HEALTH DEPARTMENT		CO ATTA
		1714 CERTIFICA	ATE OF DEATH	REG. NO	05 471
	AME OF DECEASED			ND HOUR OF DEATH	1
3. [Catharine PLACE IN BALTIMORE MARYLAND, WHERE P	Knox Dannenbe		5. 1969	institution; residence before or
			A. STATE B. COU		141-01
HO	L NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	In IN	SIDE CITY LIMITS?
11/1/2	TITUTION		Baltimore	5. 114.	YES NO
	40 Long Green N	ursing Home	E. STREET AND NUMBER		
	7 2		1631 Park	Ave.	
5. S	77	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr.) If Under Months Doys Hours
. 4.1	WIDO USUAL OCCUPATION (Give kind of work) 108, KIN	OWED DIVORCED		85	
	e during most of working life, even if retired)	Johns Hopki	IN S	eign country)	12. CITIZEN OF WHAT C
	t'd Mgr. Carry-on Sh	op Hospital	Baltimor	e, Md.	U.S.A.
13. 1	ATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	William F. Knox		Sally Mu	dge	
Yes	Nos Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war or dates of set		17. INFORMANT		310 Eastvey
	No	219-30-369		t Odenheir	ner Balto.21
	18.412.41	CAUSE OF DEA			APPROXIMATE IN BETWEEN ONSET AN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carant	o-vascular ac	cident	one Weel
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dis		S A CONSEQUENCE OF:		
	injury or complication which coused death.)				several
	ANTECEDENT CAUSES	A.S.C.			
	DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR A	AS A CONSEQUENCE OF:		
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	(C)	00 4 00 00 4 00 00 00 00 4 0 00 00 00 00		
_	II =				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	TING catai	racts, bilate	ral	V 1
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE	FINDINGS CONSIDERED
4	WAS PERFORMED	D	no	IN CERTIFYING CA	AUSES OF DEATH?
RT	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF)NJURY (e.g.	in or obout 21C. WHERE DID	(If in Boltimo	ore City, give exact location)
CERTIFIC	OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	omce blag., INJUKI OCCUK!		
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	omce blag., INJUKI OCCUK!		
DICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	etc.)) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
MEDICAL	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour)	etc.)	21F. HOW DID IN	JURY OCCUR?	
MEDICAL	DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	of etc.) 21E. INJURY OCCURRED While At Not Will Work At Wo	21F. HOW DID IN		5-5- 19
MEDICAL	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	while At Not Work Not detected the deceased fram	21F. HOW DID IN	.19to	5-5- 19
MEDICAL	DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) atten	while At Not Work Not ded the deceased fram	21F. HOW DID IN 10 10 -67 19 69 and t	.19to hat in(my) (aur) ap	× 17.
MEDICAL	DEATH (notify medical examines) 21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attenthat (1) (we) last saw the deceased alive	while At Not Work At W	21F. HOW DID IN 10 8-10-67 19 69 and to 19 wiew the body after death.	.19to hat in(my) (aur) ap	inian death accurred an
MEDICAL	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and hour and fram the causes stated about 23 A. HGNATURA	while At Not Work and the deceased fram and the deceased fram by (I) (((a)) (did) (did not)	21F. HOW DID IN 8-10-67 19 69 and to the view the bady after death. Thending A Med. Director	.19to hat in(my) (aur) ap	pinian death accurred an
MEDICAL	DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and hour and fram the causes stated about 23 A. HIGNATURAL STATEMENT (Type)	while At Not Work and the deceased fram and the deceased fram by the control of the control o	21F. HOW DID IN 21F. HOW DID IN 19 69 and to view the bady after death. Thending A Med. Director 123D. ADDRESS	.19to hat in(my) (aur) ap Staff Phys.	inian death accurred an
MEDICAL	DEATH (notify medical examines) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and hour and from the causes stated about a same of the course of the cou	while At Not Work Not Work Not Work Not Work At Woon Not Woon At Woon DEGREE A DEGREE DE	21F. How DID IN hile 8-10-67 19 69 and t view the body after death. https://doi.org/10.1001/	.19tohat in(my) (aur) ap Staff Phys. and Ave.	23B. DATE SIGNED
MEDICAL	DEATH (notify medical examines) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and hour and from the causes stated about a same of the course of the cou	while At Not Work and the deceased fram and the deceased fram by the cook Not Work Not Work At W	21F. How DID IN hile 8-10-67 19 69 and t view the body after death. https://doi.org/10.1001/	.19tohat in(my) (aur) ap Staff Phys. and Ave.	inian death accurred an
MEDICAL	DEATH (notify medical examines) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and hour and from the causes stated about 23A MIGNATURE (Type) Dr. Ellswort BURIAL CREMATION, REMOVAL (Specify) Burial 5/7/69	while At Not Work Not Work Not Work Not Work At Woon Not Woon At Woon DEGREE A DEGREE DE	21F. HOW DID IN hile 8-10-67 19 69 and t view the body after death. Hending A Med. Director 1 23D. ADDRESS 2431 Mary1 REMATORY 24D.	Shaff Phys. Carlon (Carlon (Carlon (Carlon (Carlon))	23B. DATE SIGNED

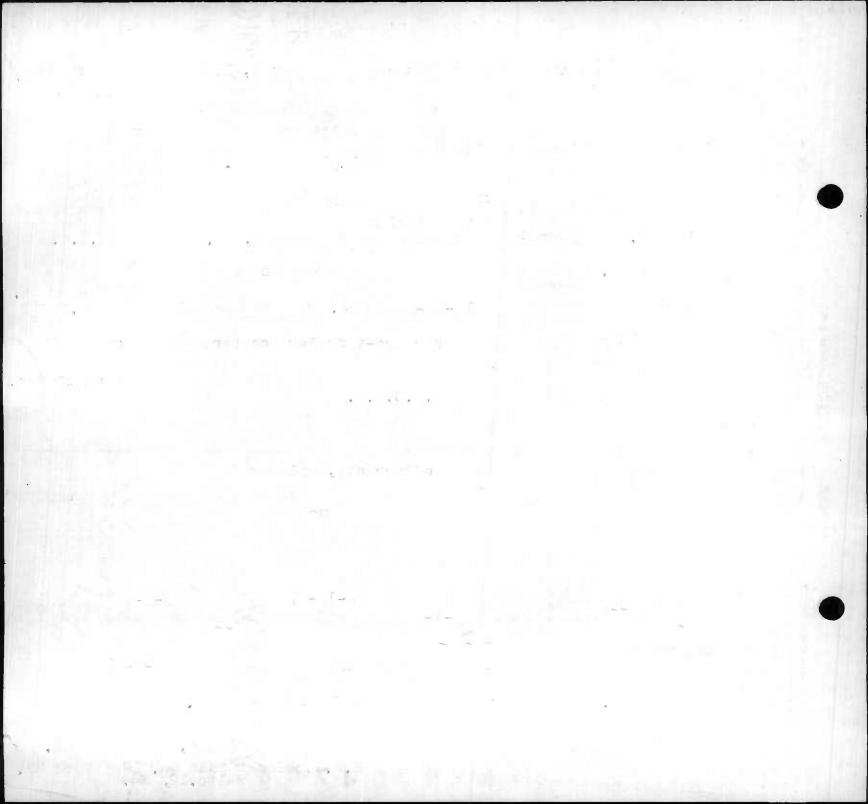
VS 150-REV. 1/1/6B

& Sons Co. 4905 York Rd. Balto. 12, Md. Baltimore

25C. FUNERAL DIRECTOR

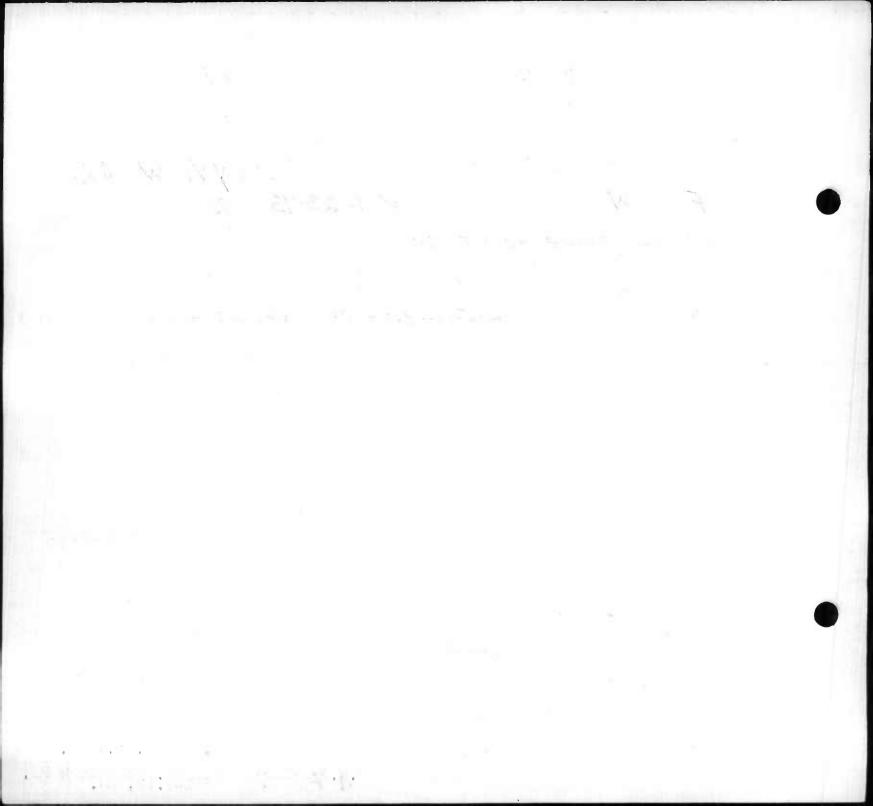
H. W. Jenkins & Sons

D. Balto

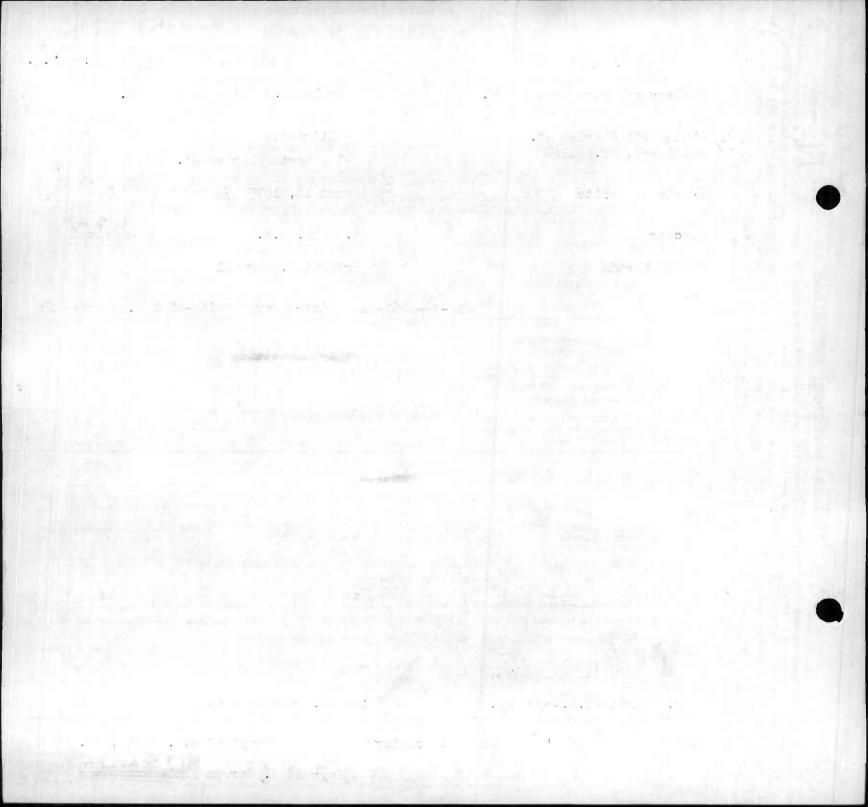


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	CO A	BALTIMORE CITY	HEALTH DEPARTMENT	11	
ll _p	BIRTH NO.	715 CERTIFICA	TE OF DEATH	REG. NO	69 4715
1	NAME OF DECEASED			NO HOUR OF DEATH	
	Type or Print) BERTHAP BUR	29ER	3-/	6/69	11.50 A
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONDUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. Il in:	stitution: residence belore admission)
111	FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) NSTITUTION	NSTITUTION, GIVE STREET	G. CITY OR TOWN	md. Ba	Usla 53-00
	7		BALLO	D. 11431	YES NO NO
1	MERCY HOSI	pital	E. STREET AND NUMBER	POVILIE	had mo
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	II Under 1 Yr., II Under 24 Hrs.
	F W WIDO		1-23-93	lost birthdoyl	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
1	OA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
1		ECHT CO.	BALTO 1	nd.	U.S.A.
	3. FATHER'S NAME W,	\wedge	14. MOTHER'S MAIDEN NAI	ME	
	EDRSEIMANSOOI	LTER	DE1114h	CRAN	NER
CY	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) Ilf yes, give wor or dates of serv	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	215-09-2428	A MRS. PA	ULT. JON	ES CSAME
	18.	CAUSE OF DEATH		3010	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ragan V.		ST TO THE EN ONSE! AND DEATH
	(This does not mean the made of dving.	e.g. (A) IMMEDIATE CAUS		13201 1	Ceral
	heort foilure, asthenia, etc. It meons the disc injury or camplication which caused death.)	dose,	CONSEQUENCE OF:	101/	15/2
	ANTECEDENT CAUSES	- 1	LOUR WILL!	of any	alle musica
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	1/1/2/ 100	
	rise to the above cause (A) stoling UNDERLYING CONDITION last.	ine	00	region .	
	THE STATE OF THE S	(c)		<i>f</i>	
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ATIO					
CITIEIC	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE F	NDINGS CONSIDERED SES OF DEATH?
CAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, farm, loctory, street, alli elc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimare	City, give exect location)
MED		21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
~	(APPROX.)	While At Work Not While At Work	01-10		-1.1
	22. I certify that (I) (this hospital) attend	ed the deceased from	2/3/011	9ta	16/69 19
	that (I) (we) last sow the deceased alive	on5/5/6	6 19 and the		ian death accurred on the date
11	and hour and fram the causes stated above	e. (i) (We) (did) (did nat) vi-			
	23A. SIGNATURE	1/1			23B. DATE SIGNED
	11/19/11/12	Atten-	ding Med.	Staff Phys.	2/6/69.
	23C. PHYSICIAN'S NAME (Type)		D. ADDRESS	11 10	10/0/
24	IA. BURIAL CRÉMATION, 24B. DATE 24	C. NAME of CEMETERY OF CREA	MATORY 124D. 16	MORP. CATION (City	, town, or county) (Stote)
				1	· ·
25		Woodlawn ME OF REGISTRAR	WOO	dlawn, Bal	to.Co., Md.
	MAY 7 1969 103	De Estabor	25C. FUNERAL DIRECTOR	& Sons Co	4905 York Rd.
VS	150-REV. 1/1/68			L/0.L 00	1221 200



60 4	BALTIMORE CITY	HEALTH DEPARTMENT		0.0
BIRTH NO.	716 CERTIFICA	TE OF DEATH	REG. NO	69 4716
1. NAME OF DECEASED (Type or Print) SISTER MARY MARTI	INA MARTIN	2. DATE AN April	29, 1969	circa 10:45 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI College of Notre Dame of FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	Md.	4. USUAL RESIDENCE (When A. STACELLE B. 69 N	otre Dame o	stitution: residence before admission) of Md. DE CITY LIMITS?
4701 North Charles St. Baltimore, Md. 21210		Baltimore, Md E. STREET AND NUMBER 4701 North Ch	earles St.	YES NO
5. SEX 6. RACE 7. MAE			AGE (In years	1 K H-1 1 V. K H-1 24 H -
Fomple White	RRIED NEVER MARRIED DIVORCED DIVORCED	August 18, 1879	osi bodoyrs	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired) Teacher	ND OF BUSINESS OR INDUSTRY	St. John, N.B.	CANADA	12. CITIZEN OF WHAT COUNTRY U.S. A. American
13. FATHER'S NAME Thomas Martin	Average Control	14. MOTHER'S MAIDEN NAM Bridget M. Car		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, ap or unknown) (If yes, give wor or dotes of ser	16. SOCIAL SECURITY NO. 218-54-1267-	17. INFORMANT	Posita-470	ADDRESS Ol N. Charles St
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, is is a the abave cause (A) staling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION	giving (B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED		The state of the s	IN CERTIFYING CA	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(II IN BOITIMOR	e City, give exact location)
OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	11016 - 21 11014			a c
22. I certify that (!) (this hospital) attenthat (!) (pc) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Dr. Charles E.R.Carr, dieses and the causes stated aba 23A. SIGNATURE	ded the deceased from e an ye, (I) (We) (did) (did nat) v DEGREE Physics Tr.	2 1969 and the lew the bady after death.	Staff Phys.	nian death accurred an the dat
22. I certify that (I) (this hospital) attenthat (I) (pe) last saw the deceased alive and haur and from the causes stated about 23A. SIGNATURE 23C.PHYSICIANS NAME (Type) Dr. Charles E.R.Carr, Control of the control	ded the deceased fram e an ve (I) (We) (did) (did nat) v DEGREE Phys 17. DEGREE 14C. NAME of CEMETERY of CRE	2 1969 and the liew the bady after death. Med. Director 23D. ADDRESS 108 St. Dunstan MATORY 24D. LC	Stoff Road	23B. DATE SIGNED 5/169 ty, town, or county) (State)
22. I certify that (!) (this hospital) attend that (!) (pe) last saw the deceased alive and haur and from the causes stated about 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Dr. Charles E.R.Carr, 24A. BURIAL CREMATION, REMOVAL (Specify) Burial May 2669	ded the deceased fram e an ve. (1) (We) (did) (did nat) v DEGREE Phys	2 1969 and the liew the bady after death. Med. Director 23D. ADDRESS 108 St. Dunstan MATORY 24D. LC	Stoff Road	23B. DATE SIGNED 5/169 ty, town, or county) (State)



FUNERAL DIRECTOR: IMPORTANT

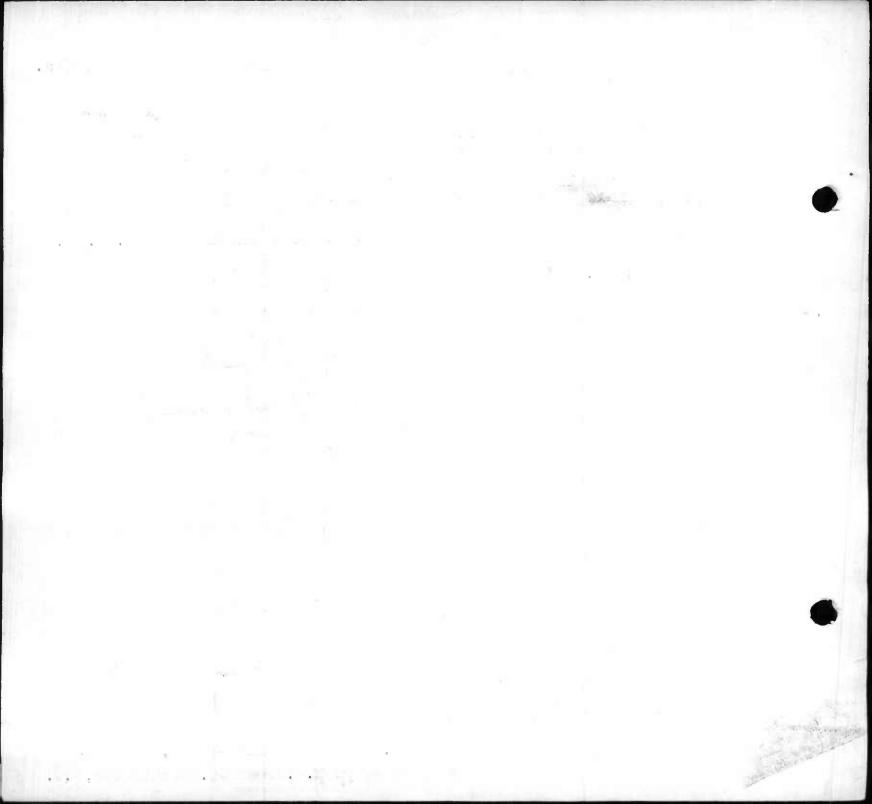
Deceased death BIRTH NO Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO May 5, 1969 hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE 8. COUNTY (2) cause MD BALTO FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? cause; attend 0 BALTO YES X NO prior E. STREET AND NUMBER contributing 4807 GWYNN OAK AVENUE 4807 GWYNN OAK AVENUE etermined regular 9. AGE (In years lost birthday) 6. RACE 8. DATE OF SIRTH If Under 1 Yr. Manths: Doys If Under 24 Hrs. Haurs Min. 7. MARRIED NEVER MARRIED X deceased is ma 86 DIVORCED FEMALE WHITE WIDOWED 1-14-1883 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during mast of working life, even if retired) Und USA SCHOOL TEACHER BALTO, MD Was 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the direct (4) DEPAETE LOHMULLER KATHERINE DIEDRICH eath LO D ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give war ar dates af service) SECURITY NO. ance Mrs. Claudius Freseman-4807 Gwynn Oak NO None any CAUSE OF DEATH APPROXIMATE INTERVALT pronounced 0 attend DISEASE OR CONDITION DIRECTLY almed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., ar heart failure, asthenia, etc. It means the disease, Ď injury at camplication which caused death.) E 5 ANTECEDENT CAUSES 0 6 0 1 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the an UNDERLYING CONDITION last. the remains (C)_ Was burns; hysici Ш CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING an TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). ۵ the chief 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of 208. IF YES, WERE FINDINGS CONSIDERED the physic CERTIFI 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before (7) 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) where OR CONTRIBUTING CAUSE OF hospital °N DEATH Inotify medical examiner nature; MEDI obtained 21 D. TIME (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 9 21E. INJURY OCCURRED OF INJURY except Not While p While At (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) attended the deceased from that In (my) (por) opinial death accurred on the date 9 that (1) (we) last saw the deceased alive an be ond 0 eat and haur and from the causes stated above. (1) ((did) (did (t) view the body after death. was released must 23A. SIGNATURE 23B. DATE SIGNED hos 0 Attending X Med. Staff 10 Phys. Director approval 23 C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type d 24A. BURIAL CREMATION. CEMETERY OF CREMATORY (City, town, or county) eceased D.0. the body REMOVAL (Specify) written shows: 5-7-69 Burial Baltimore Cemetery Baltimore, Maryland SID 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 3 70 VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

7"-- 5-4 (44) . 7 Michigan product With Hood pressure 1845 -June 15 1 Lale 1 boug Phillips T. Redering Mills X 5/1/1/1 ELENGET E RUDARA 40 4701 Riberty HES. OLI year meeting delta to have

	BIRTH NO. Somali 69	4718		Y HEALTH DEPARTMENT	REG. NO	69 4718
	1. NAME OF DECEASED (Type or Print) DOWLA	SAID		2. DATE A	ND HOUR OF DEATH	1:50 P.
	3. PLACE IN BALTIMORE, MARYLAND, W		JNCED DEAD	4. USUAL RESIDENCE (Who	ere deceosed lived. If in	stilution: residence belore admission
	FULL NAME OF HOSPITAL OR LINSTITUTION THE JOHNS 33 BALTIMORE,	HOPKIN	S HOSPITAL 205	MARYLAND C. CITY OF TOWN BALT I MORE E. STREET AND NUMBER		25-32 IDE CITY LIMITS? YES NO
	5. SEX 6. RACSOMALI	7. MARRIED	NEVER MARRIED	1202 CHERR	Y HILL ROA	
	FEMALES DE RE	WIDOWED	DIVORCED	5-1-64	last birthday)	Il Under 1 % If Under 24 Hrs. Months Days Hours Min.
	10A, USUAL OCCUPATION Sive kind of work done during most of working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME			Mogadiscio,	Somall ME	U.S.A.
	ABDULKADIR N. SAI	D		GLORIA TAY	LOR	
	15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war or date		SECURITY NO.	17. INFORMANT	1	ADDRESS
	none		CAUSE OF DEAT	Hospital Re	cords	APPROXIMATE INTERVAL
	heart failure, asthenia, etc. It meons injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it is a la the above cause (A) UNDERLYING CONDITION (ast.) OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE	death.) Dry, giving stoling the	(B) DUE TO, OR AS	Neuro Ba A CONSEQUENCE OF:	stones	n
	OTHER SIGNIFICANT CONDITIONS COINT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 1994. DATE OF OPERATION 1984. CON WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	O 208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBUTING CAUSE OF	21 B. hame etc.)	e, jarm, factory, street o	fice bldg., INJURY OCCUR?	(If In Bollimore	e City, give exoci location)
21D. TIME (Manth) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work						
	22. I certify that (i) (this hospital that (i) (we) last saw the decease and haur and from the causes state 23A. SIGNATURE	d alive an	5/3	19.69 and th	19 / to 5 at in(my) (aur) apir	Jan death occurred an the date
	23C. PHYSICIAN'S	77_	DEGREE Phy	ending Med. S. Director 23D. ADDRESS	Shaff Phys.	5/3/69
	NAME (Type) M (S + R 24A- BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C.NA	MBB SEGREE	John	Hopkin (Cit	40 S) Ind
	burial 5/6/69	Na 258. NAME O	tional Mem.	Park Fal	lls Church	. Virginia
	MAY 7 1969 (2.092	E. Der Ber M	The S.H. His	les Co. Wa	shington, D.C.

VS 150-REV. 1/1/68



M-460

69 4719 BALTIMORE CITY HEALTH DEPARTMENT

69 4719

RII	RTH NO.		WED	ICAL	. EX	AMINER'S	LER HIFI	CATE OF	DEAT	H REG. NO.		2620
1.	NAME OF DEC	EASED					2. DATE	Known 🗌	Month	Doy	Year	Haur
(Ty	GILB	ERT	R			MILLER	OF DEATH	Estimated 🔀	May	2, 1	969	10:00 A.M.
4.	PLACE IN BALT				RONO		3. DATE		Month	Doy	Yeor	Hour
	L NAME OF		IN HOSPITA		TITUTIO	N, GIVE STREET	PRONO	UNCED DEAD	May	5, 1	969	4:40 P. M.
OR	ERTI 116 W	FICE	AIL	Al 2nd f	ME	ENDED 5-13-69	5. USUAL R A. STATE Mary	ESIDENCE (When	e dece ased li			193.
6.	SEX	7. RACE				NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?	
	male	white		WIDOV			Balt	imore			ES X	NO 🗆
9.	DATE OF BIRTH	1	10.AGE (In	years	If Und	der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER			23 (23	NO 🗆
	June 17.	1895	73 XX		Monin	S Doys Hours Min.	116	W. 25th S	t. sec	ond flo	or	
11.	BIRTHPLACE (S	//		diam		TIZEN OF	13. FATHER					
	Penna.				W.	HAT COUNTRY?	M-	ilton G. N	filler			
144	USUAL OCCUI	PATION (Give	kind af work	4B. KIND		USINESS OR INDUSTRY						
	SMC-Book		en irrenirea)			_	Δ.	lice -				
16.	WAS DECEASI	ED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS	
1.0	Yes		einlis			220-09-3564-	A Ra	lph S. Mil	ler. F	rederic	kshure	TO VO
	19.4/2	4.				CAUSE OF DEA	TH				BET	PROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIREC	CTLY		A t t	1		1	D4		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease (A)IMMEDIATE CAUSE											
	heort failure,	at mean the , osthenia, etc. aplication whic	It means the	disease,		DUE TO, OR	AS A CONSEC	QUENCE OF:				
	milery ar can	ipineangir wine		,								
		NTECEDENT		CIVING		(B)	AS A CONSE	QUENCE OF:				
	RISE TO THE	OR CONDITION	JSE (A) STAT	ING THE		00L 10, 0K	-0 A CONSE	QUENCE OI.				
Z	UNDEKLIIN	IG CONDITI	ON LASI.			(c)		****				
CERTIFICATION	OTHER SIGN	IIFICANT CON	II	SALTBIBLE	TINIC							
<u> </u>	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	AINAL							
RTIF	20A. DATE OF	CONDITION				WHICH OPERATION W	AS PERFORA	AFD			21. AUTO	OPSY? (Yes ar No)
CE							I TENTON					No
7	22A. EXTERI	NAL CAUSE	WAS		22B. PI	LACE OF INJURY(e.g.,	in or about	22C. WHERE DID	(If in Baltima	re Citv. give ex	act lacation)	
MEDIC/	UNDERLYING	OR CON	TRIB-		hame,	farm, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?			,	
Z	UTING CA		oy) (Year) (Hou	r) 22	E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	UR?		
	OF INJURY (APPROX.)				m. Wi		WHILE					
	23.					OKK ATT	- TORK					
	I cert	ify that I h	eld on 1	nquiry [Inspection X Au	topsy	ond that on t	his basis,	deoth in my	opinion	
	result	red from: N	otural cau	ses 🛚	As	eident Suicio	de 🗌 H	omicide 🗌	Undetermi	ned monner		
		11100	1.06	1		1/	-	CHIEF MEDICAL	EXAMINER			DATE SIGNED
	ACTUAL SIGNATI	JRE !	NUSI	1-	1	M.C	ASS	ISTANT MEDICAL	EXAMINER	LXI		
	EXAMIN	ER'S	Verner	U. S	it	z, M.D.	ASS	OCIATE MEDICAL	EXAMINER			5/6/69
	A. BURIAL CREA	MATION, 2	4B. DATE		240	NAME of CEMETERY			LOCATION	4 11	n, or county	. ,
KE	MOVAL (Special		0	70/	_	unset Memoria	al Gard	ens Sp	otsylv	ania Co	., Va.	
25	A. DATE REC'D	BY HEALTH	May 8	196 258. N	NAME	Culpeper NAT OF REGISTRAR	ional 25C.	FUNERAL DIRECT	OR OR	er, va	ADDRESS	
		ATT	1969	P	0	AC 7 0.	MAI	ikins Fun redericks	eral H	ome		
L	151 DEV 1/1/15				10	10.00	~	regericks	purg,	va.		
A 2	151-REV. 1/1/68	,										

V.S.

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5-13-69

M.H

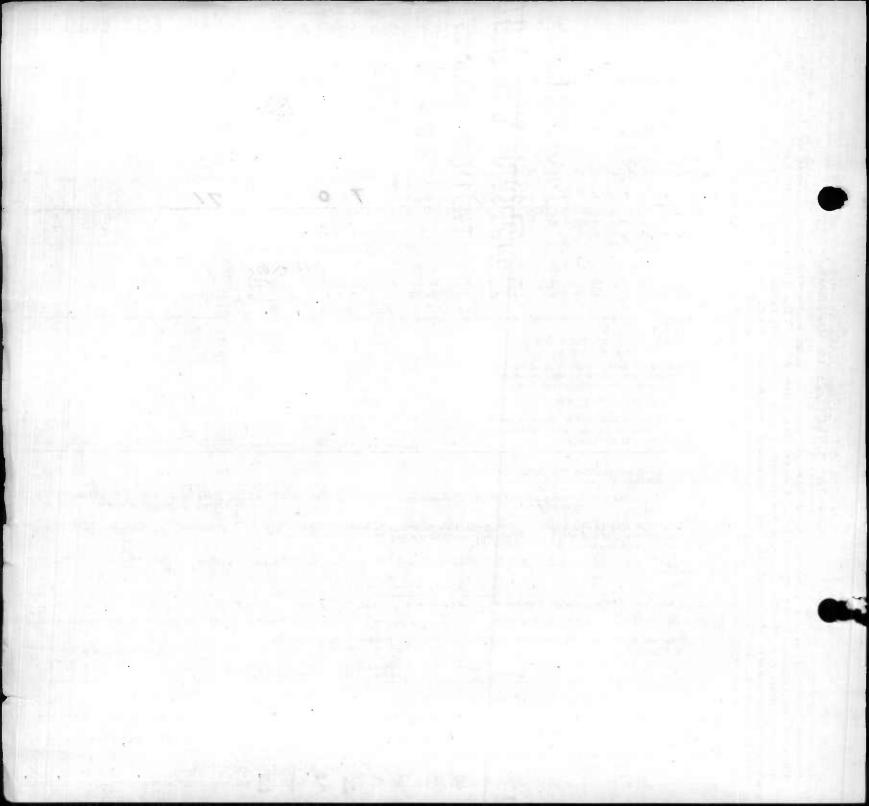
and the contraction of the contr

LOLL

ports . node

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (7) FUNERAL DIRECTOR: IMPORTANT

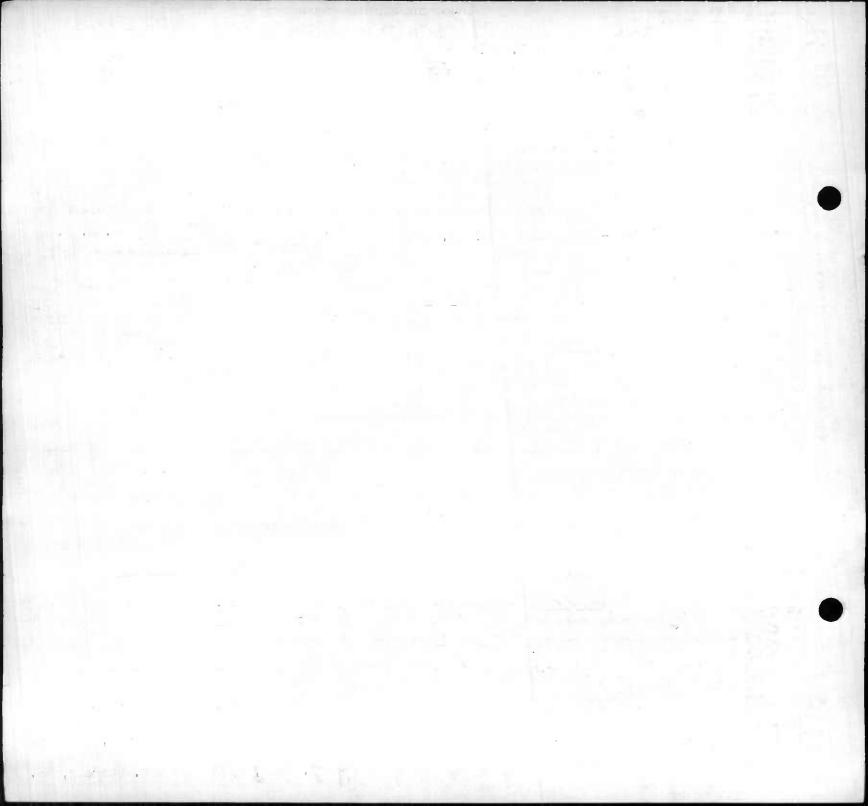
1	69 4	MICO	TE OF DEATH	REG. NO	69 4720
	1. NAME OF DECEASED (Type or Print) SCH MALBACH			NO HOUR OF DEATH	9 18-15PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO			Baltimore	nstitution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION TRANKLIN SQUAR		c. CITY OR TOWN DUNCE		YES NO A
	BALTIMORE, MDI	REET	E. STREET AND NUMBER	WALLF	
	5. SEX 6. RACE 7. MARE		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	FEMALE WHITE WIDON	VED DIVORCED	7-30-97	lost birthdoy	Months Doys Hours Min,
	done during most of working life, even if retired) Housewife	O OF BUSINESS OK INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	HENRY ROEMG		(0	ARET	STOLL
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 215 03 9192	D Dundalk, Md.		H. 3412 WALLFORD DRIVE
,	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH	2	10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	Solism-	Infection
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)		A CONSEQUENCE OF:	1 1	/
,	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	(B) DUE TO, OR AS	A CONSEQUENCE OF:	hear o	Fiscase, Levere
2	rise Ia the abave cause (A) stating UNDERLYING CONDITION last.		neralized a	teriscles	m's
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG	<u> </u>		
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	Yes or N	1N CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
3	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURRED While At Not While Work Not Work	21 F. HOW DID IN.	JURY OCCUR?	
2	22. I certify that (th) (this hospital) attend	ed the deceased from	1 7/7	1969 to	0/
3	that (N (we) lost sow the deceased alive			not in (my) (bur) op	inion death occurred on the date
2	23A. SIGNATURE	5			23B. DATE SIGNED 1011 9
5	23C. PHYSICIAN'S	aegree Phys		Staff Phys.	5-3-1969
	NAME (Type) NAGIESWAR	A RAO. C.	TKMN	IKCIN SQ ICHOUN S.	
3	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	The second secon		city, town, or county) (State)
		arkwood Cemetery	25C. FUNERAL DIRECTO		imore, Maryland
	MAY 7 1969 GR.Q.	et Extender	DJohn J. Duda		
	VS 150-REV. 1/1/68	0 1 0 0	1 1 60		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR:

54-09-62

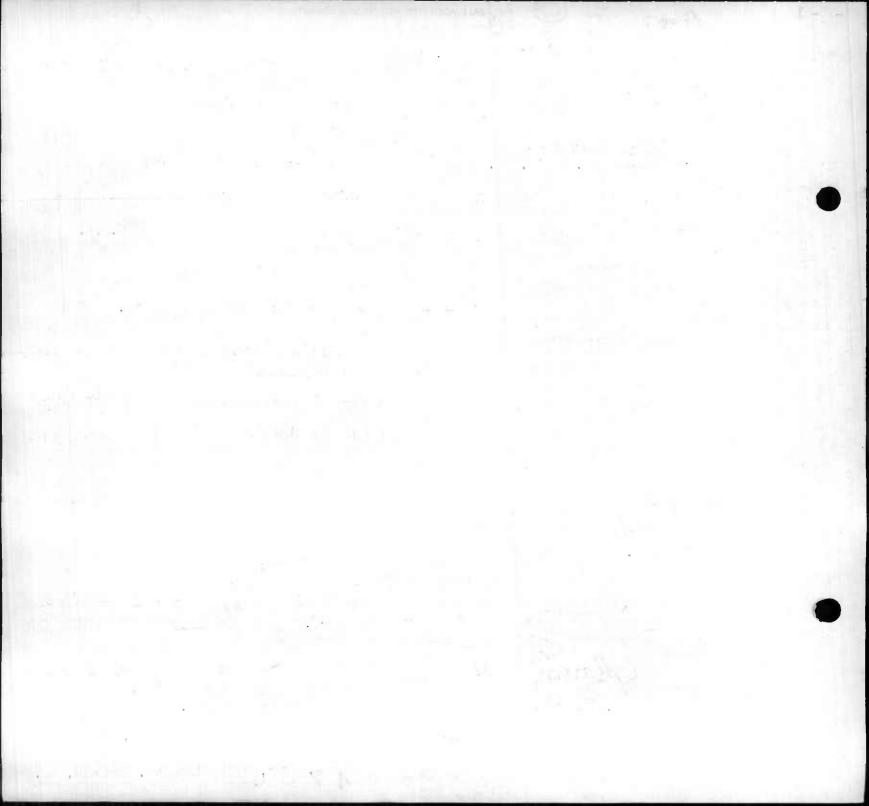
	H-U	NO 00	A trace		HEALTH DEPARTMENT	1/mana	69 4721
BIRT	TH NO.	KOO 69	4/2	1 CERTIFICA	TE OF DEATH	REG. NO.	1/1/2
1. N	AME OF DE	CEASED Charle	s H. Ha	ll		AND HOUR OF DEATH	
тур	e of chair	HALL, (HA	RLES	5-	4-69	13:20 AN
3. P	LACE IN BA	LTIMORE, MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COI	here deceosed lived. If in UNTY	stitution: residence before odmission)
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	ATION)	TUTION, GIVE STREET	MARYLAND BA	LTIMORE D. INSI	DE CITY LIMITS?
2	1	BALTIMORE CIT			E. STREET AND NUMBER		YES NO XX
	/	4940 EASTERN BALTIMORE, MA			7516 IVES LAN		21222
5. S	EX	6. RACE	7- MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MA	ALE	WHITE	WIDOWED	DIVORCED [12-6-10	58	
		UPATION (Give kind of work working life, even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
		tter - Bethlel	em Ste	el Co.	Virginia	1	U. S. A.
3. [FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
		GEORGE H	\LL		SUSIE HARR	ISON	
S. V	Nos Deceose	d Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	lo			228-05-0814	RECORDS-BCH-49	40 EASTERN AT	VENUE BALTIMORE MD
	18.	2 11		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does	SE OR CONDITION DIS LEADING TO DEATH not mean the mode of	dying, e.g.	(A) IMMEDIATE CAU	SE CARCIN	OMA OF	3 YR.
	injuly or col	ANTECEDENT CAUSES	death.)		A CONSEQUENCE OF:		
	rise to th	OR CONDITIONS, if the obove couse (A) G CONDITION lost.		(C)			
Ĕ	TO THE DEA	FICANT CONDITIONS CO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	.00000000000000000000000000000000000000			
ERTIFICA	19 A. DATE O	F OPERATION 198. CON	DITION FOR	WHICH OPERATION PNEUMO THOR	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0	21 A. ACCIDE OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21	me, form, foctory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact locotion)
0							
	22. I certify	that (1) (this haspital) attended	the deceased from	4-27	19 6910	5-4 19 69
	that (1) (we) last sow the deceose	d alive on.	5-3	19 69 ond	that in (my) (our) opi	nion death occurred an the date
					iew the body after deoth		
	23A. SIGNAT	URE	2	ic			23B. DATE SIGNED
	Will	lain E. Fo	ruge	O /- M.O Atte	nding Med. Director	Staff Phys.	5-4-69
	PHYSICIA NAME (AN'S Type) R. WILLIAM E.	POWERS	OLOREC	23D. ADDRESS		TIMORE, MD 21224
24A	BURIAL CR	EMATION, 24B. DATE		OEGREE			ty, town, or county) (Stote)
-	urial			kwood Cemeter			ichmond, Virginia
		NEY HEALTH DEPT.	25B. NAME	OF REGISTRAR	26C. FUNERAL DIRECT	OR	ADDRESS Ave. Dundalk, Md.
VS 1	SO-REV. 1/1/	/6B	- Citable	7. 4.4.		~	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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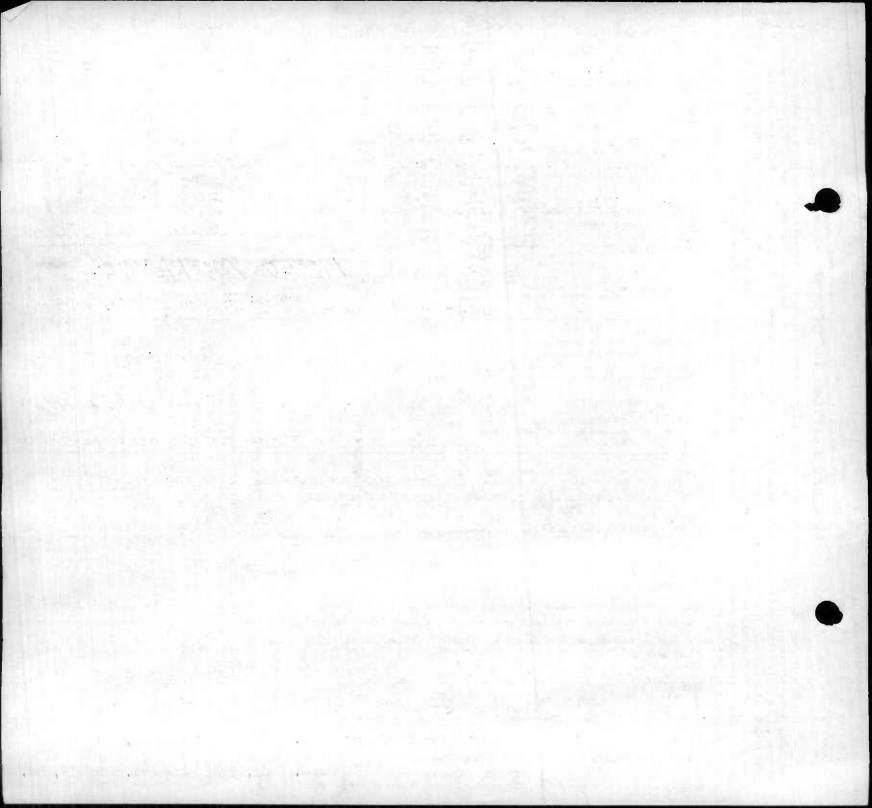
	A-130 39 47	26	HEALTH DEPARTMENT	REG. NO.	20 1799
BIR	ATH NO.	CERTIFICA	TE OF DEATH	NEG. 140) J 4.16.4
	NAME OF DECEASED Lucy Abate	ABATT		D HOUR OF DEATH	1335 GM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (Where	e deceosed lived. If institu	tian: residence befare admission)
HC	ILL NAME OF (IF NOT IN HOSPITAL OR INS OSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET		altimore	53-60
IN:	STITUTION		Dundalk	YE YE	CITY LIMITS?
5	DI BALTIMORE CI	TY HOSP	E. STREET AND NUMBER	16	.5
4	940 Eastern Ave. Baltol Mc	1. 21224	1902 Armco Wa	y 21222 00	5
5. 5		D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Haurs Min.
	LUSUAL OCCUPATION (Give kind of work 108, KIND				2. CITIZEN OF WHAT COUNTRY
dop	during most of working life, even if retired)		New York		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	Joseph Abruzzo		Antoinet	te	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	s, no ar unknown) (If yes, give wor ar dotes of servic	102-01-6133D	BCH Records:	4940 Eastern	Ave. 21224
	18. 4 12.4	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		0.110.70	acres. L	111
	LEADING TO DEATH (This does not mean the mode of dying, e	(A) IMMEDIATE CAL	ISE CARDIAC A	CKES 130 10	1 cears
	heart failure, asthenia, etc. Il means the disea	se, DUE TO, OR AS	A CONSEQUENCE OF		1 4 3 5 5 7 1
	injury or complication which caused death.)		111x - 1/h	2000000	me days.
	ANTECEDENT CAUSES	(8)	CHF & COZI	narosis	The acies.
	DISEASES OR CONDITIONS, if ony, givinise to the above couse (A) stoting	9	A CONSEQUENCE OF:	Λ	
	UNDERLYING CONDITION lost.	(c)	PD. + ASCV	ν	many years
	li li				
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN				
4	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	Yes or No.	10 CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
AL C	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i name, farm, factory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore Ci	ty, give exoct location)
DIC		TE. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
ME		While At Not Whil	e 🗀		
		Work At Work		- 6 /	3
	22. I certify that (I) (this haspital) attende			969 to 5 =	2 1965
	that (I) (we) last saw the deceased alive a	n 7-1-49	19 and the	at In(my) (aur) apinia	n death accurred an the dat
	and have and from the causes stated above	. (I) (We) (did) (dld nat) v	riew the bady after death.		
	23A. SIGNATURE	1.15			B. DATE SIGNED
	Marcon	MD DEGREE Phy	mding Med. Director	Staff Phys.	5268
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS Baltimor	e City Hospit	als
	G. Alarcon, MD				224
244	A. BURIAL CREMATION, 248. DATE 24C	DEGREE . NAME of CEMETERY OF CRI			own, or county) (State)
R	urial 5/6/69 Da	k Lawn Cemetery			re, Maryland
		E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
237	MAY 7 1969 12 05	DEE BOBY OM		7922 Wise Ave	. Dundalk, Md.
	1000	Mariano)	7 7	, , 2546	· Dunath, Fide

VS 150-REV. 1/1/68



SAB-54-12-80

	D 7/8 69 47	BALTIMORE CITY	HEALTH DEPARTMENT	/ 60	1700		
	11-01/13	CERTIFICA	TE OF DEATH X	REG. NO.	4/65		
Jŀ	BIRTH NO. 1, NAME OF DECEASED.	,—	2, DATE AND HO	UR OF DEATH	-1-0		
	(Type or Print) Carol HN	IN KICHAI	205 5/	3/69	5 a. M.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI	NOUNCED DEAD	4. USUAL RESIDENCE (Where dec	eosed lived. If institution; resi	idence before odmission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	Maryland E	Paltimore	53-00		
	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION PARA A 2 C		C. CITY OR TOWN	D. INSIDE CITY LIM	A		
1	Baltimore CITY	HOSPITALS	Dundalk	YES	ио 🔀		
1	14940 Eastern Aven	E. STREET AND NUMBER	HIE GROVE	18 - anno			
5	Baltimore Marylane 5. SEX 6. RACE 7. MADDI				N. DOOR		
B	E 3		5-7-48 lost b	irthdoy) Months D	Yr. If Under 24 Hrs. Poys Hours Min.		
2	10A, USUAL OCCUPATION (Give kind of work 108, KIND		11. 81RTHPLA CE (State or foreign co	untry) 12. CITIZE	N OF WHAT COUNTRY?		
	done during most of working life, even if retired)	16 L	Maryina	U.S.A 11	1. S.A.		
OSITI	C/EYICAI 30	cial Security	14. MOTHER'S MAIDEN NAME	a	3117.		
<u> </u>	P D	Rougen	1.11/12/11	Makin WIL	A		
als	15, Wos Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	MANIEWI	ADDRESS		
B	(Yes, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO. 219-50-2646	Mad Records: BC	H 4940 Eastern	Avenue		
	18.	CAUSE OF DEATI	TITRYTHES PEICHT	TRDS QU	APPROXIMATE INTERVAL		
0	DISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT		BE	TWEEN ONSET AND DEATH		
e II	LEADING TO DEATH (A) IMMEDIATE CAUSE Pulmonary Embolism - 1 day						
	(This daes not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease,						
	injury or camplication which coused death.)		+ 1+	.000	4 . /		
9	ANTECEDENT CAUSES (8) Sub-acule Evilence Rudolastitis - 2 days DISFASES OR CONDITIONS if any giving OUE TO, OR AS A CONSEQUENCE OF:						
9	DISEASES OR CONDITIONS, if any, givi	ing .	1 , 117	_			
Su	UNDERLYING CONDITION last.	(c) Cong	exitul H. Dis. E	isenmenger's Ca	implex-2047s.		
ב ב	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			011	,		
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL Ruptus	red Hemorrhagic	. C. Luteum Cy:	st.		
ne l		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B	LIF YES, WERE FINDINGS OF	ONSIDERED		
ore	5/1/69 Ruptured H	emorrhagie C. Lui	Eur Cyst YES		YES		
0	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(If In Boltimore City, give	exoct locotion)		
Det		etc.)					
led	OF INJURY	21E. INJURY OCCURRED While At Not While	21 F. HOW DID INJURY	OCCUR?			
0	(APPROX)	Work At Work					
	22. I certify that (I) (this haspital) attende	d the deceased fram	May 1, 196	9 to May 3	30 19 69.		
e l	that (I) (we) last saw the deceased alive a		3 19 69 and that in	(my) (aur) apinián death	accurred an the date		
	and haur and fram the causes stated above	. (I) (We) (did) (dld nat) v	iew the bady after death.		SIGNISP		
approval must	23A. SIGNATURE	Atte	nding Med. Staff Director Phys.	23B, DATE	12/10		
B	23C PHYSICIAN'S	- DEGREE	Med. Staff Director Phys. 23 D. ADDRESS	2	13/69.		
6	23C. PHYSICIAN'S NAME (Type)	2 M.D.	Baltin	10-11 11	SOUTONE		
9	24A. 8URIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D, LOCAT	ION (City, town, or	county) (State)		
	REMOVAL (Specify) E/7/60	Sacred Heart of		Baltimore, N	arvland		
WILLER	L) W.L al-Co.L.	E OF REGISTRAR	25C. FUNERAL DIRECTOR	202.02.00.00	ADDRESS		
	MAY 7 1969 Nege	E Colephan)	John, J., Duda, 7	922 Wise Ave. I			
	V\$ 150-REV. 1/1/68		4 / 4				



₹-	69 4724 CERTIFICATE OF DEATH REG. NO. 69 4724
1	Type or Page 1 2. Date and Hour of Death 2. Date and Hour of Death 4 - 30 - 69 / 30 / 4 - 30 / 9 / 30 / 9 / 3
	LERTIFICATOR ANTIAND WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY A. STATE A. S
	SOUTH BALTIMORE GENERAL HOSPITALE, STREET AND NUMBER'
	SEX GRACE TANADORD DAILY DE BAY OF BURY 100 PAR SE
	MAKRIED NEVER MARRIED S. DALE OF BIRTH 79.3 17. AGE in years 10 onder 1 Yr. Il Under 24 Hrs. Manths! Days Hours Min.
d	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S NAME LEVENSON + Klein Inc. Mary and United States
	DI P
15	Was Decessed Ever In U. S. Armed Farces! [16. SOCIAL 17. INFORMANT (CO.) J. ADDRESS .
II(A	es, no or unknown of yes, give wor or dates of service) SECURITY NO. Luella M. Lamond, 4622 Nottingham Dr.
-	18. 4/ 0 9 CAUSE OF DEATH Chevy Chase, Md.
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH Sephe School Sephe Scho
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury ar complication which caused death.) (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES (B) CHF + 15Piration premi
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
	\\\[\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFICATION	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 19B CONDITION 19
A P	OR CONTRIBUTING CAUSE OF home, factory, street office bidg., INJURY OCCUR?
MEDI	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While At Work
	22. I certify that (I) (this hospital) attended the deceased from. 4 - 29 - 19 67 to 4 - 20 - 19 69
	that (1) (we) lost saw the deceased alive on 2/ 30 - 94 19 ond that In (my) (our) opinion deoth occurred on the date
	and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE Attending Med. Stoff Y - 3 & - 69
	23C. PHYSICIAN'S NAME (Type) KHAWLA ABOUSY PEGREE Sputh Baltimore General Hospital
24	A. BURIAL CREMATION 248. DATE 24C. NAME of CEMETERY of CREMATORY Burial 5-3-69 Ft. Llincoln Cemetery Bladensburg Md.
	A. DATE REC'D BY HEALTH DEPT. 256. NAME OF REGISTRAR 250. FUNERAL DIRECTOR TOWSON. Inc. ADDRESS MAY 7 1969
4.3	150-REV- 1/1/68

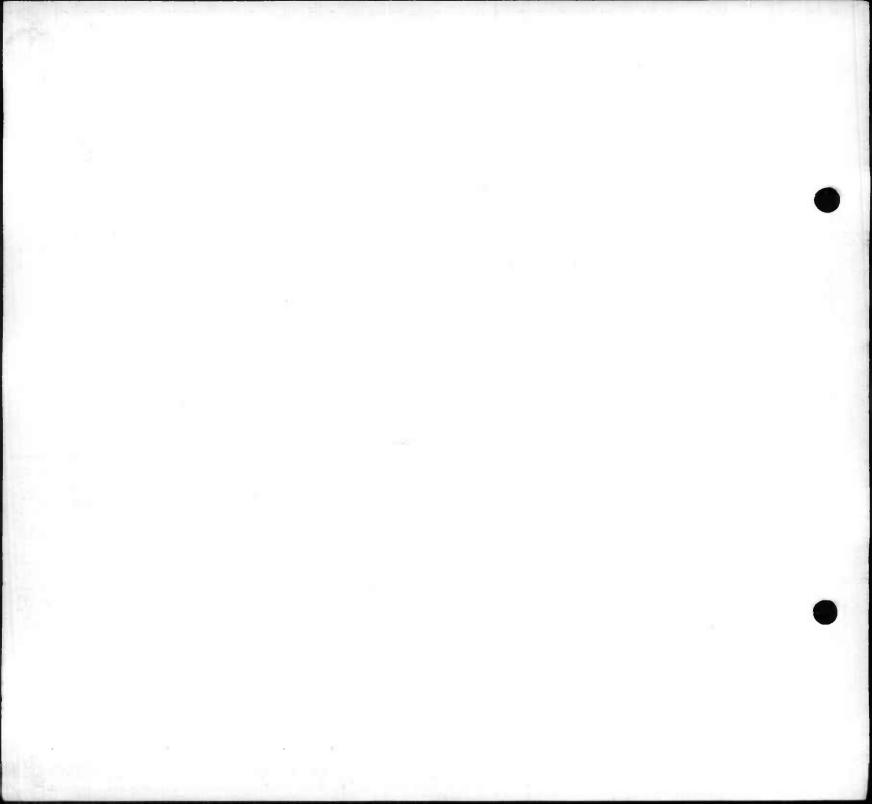
Bapt Record from St Mary Star of the Sea Church 6-9-69 M. H.

M. Select

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IMPORTANT	assistant
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FUNERAL DIRECTOR:	ief medical examiner or his
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T.	the (
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	00 4/6.1	Y HEALTH DEPARTMENT 69 4725					
	TH NO. CERTIFICA	ATE OF DEATH					
	NAME OF DECEASED Pe or Print) MR. PIUS MACHO	KAS LA 30.69 1 5 0.					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DESTITUTION GIVE STREET ADDRESS OR LOCATION)	Maryland. 27-12					
IN	Maryland Genevel	C. CITY OR TOWN B. INSIDE CITY LIMITS? YES NO NO					
2	Hospital	E. STREET AND NUMBER					
5. 1		8. DATE OF BIRTH 19. AGE (In voors 1) Under 1 Vr. If Under 24 Hz.					
	WIDOWED DIVORCED	9, 17, 05 last birthday) Months Doys Hours Min.					
don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
	Dentist.	Baltimore MD. USA.					
13.	Pius Machola	14. MOTHER'S MAIDEN NAME Kvedar					
15.		-					
(Ye	Was Deceased Ever in U. S. Armod Forces? s,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Jennie E. Machokas					
_	18. CAUSE OF DEAT						
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
	LEADING TO DEATH						
	(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. it means the disease, injury or complication which caused death.)						
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
	UNDERLYING CONDITION last, (C)	ios Rheumatic Heart Jeans					
z	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Disease					
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************					
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CER	21A- ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., low contributing Cause of home, form, foctory, street, o	in or obout 21C. WHERE DID #If in Relitimore City, give exert location					
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH Inosity medical examiner	ffice bldg. INJURY OCCUR?					
5	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
5	(APPROX.) While At Work At Work	le					
	22. 1 certify that (1) (this hospital) attended the deceased from	1969 to 4.30. 1969					
	that (1) (we) lost sow the deceased alive on 4.30.						
	ond hour and from the couses stated above. (1) (We) (did) (did not)						
	23A. SIGNATURE	ending Med. Shoff Director Phys. D					
	OEGREE PRY	ending Med. Shaff Phys. Director Phys. D					
	MOHAMMAD SIDIG M.B.B.S. DEGREE	Manyland General Hospt.					
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR. REMOVAL (Specily)						
	Burial 5/2/69 Dulaney Valle	ey Mem.Cemt. Padonia Rd. Texas, Md.					
25A	DATE RECIDITY HEALTH DEPTO 258. NAME OF REGISTER	Mitchell Wiredefeld Home 6500 York					
	150-98Y 1/1/4B	The control of the co					



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	69	4//0	ICATE OF DEATH REG. NO. 69 4726
BIRTH NO.		CERTIFI	ICATE OF DEATH
1. NAME OF E (Type or Print) 3. PLACE IN 1		LIA CATHERINE	2. DATE AND HOUR OF DEATH MAY 4 1969 10:25AM 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admiss B. COUNTY
FULL NAME (HOSPITAL OR INSTITUTION	ST AGNES HOS	KENS AVENUE	C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER
FEMAL	E WHILE W	MARRIED NEVER MARRIED IDOWED DIVORCED	D 09/30/91 77
HOUSE 13. FATHER'S N	WIFF	THIS OF BUSINESS OF INDE	MARYLAND 14. MOTHER'S MAIDEN NAME
DANIE	L TRAGER		IDA
	sed Ever in U. S. Armed Forces? wn) of yes, give war at dotes of	1 6. SOCIAL	17. INFORMANT ADDRESS
NO	(It yes, give war at dates at		592A ST AGNES HOSP CATON & WILKENS AVE
heart loilur injury or c	s nol mean the mode of dyine, asthenia, etc. it means the camplication which caused dea ANTECEDENT CAUSES OR CONDITIONS, if any, the above cause (A) stated NG CONDITION jast.	disease, th.) giving DUE TO, O ting The	TE CAUSE Prob. Axocandial Interctions OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: ORIGINAL Pyplanephritis
TO THE DE DISEASE OF 19A. DATE	NIFICANT CONDITIONS CONTRI ATH BUT NOT RELATED TO THE TE CONDITION GIVEN IN PART 1 (OF OPERATION 198. CONDITION WAS PERFORM DENT WAS UNDERLYING 1 IBUTING 1 CAUSE OF	RMINAL A). DN FOR WHICH OPERATION AED 21B. PLACE OF INJURY (home, Jarm, foctory, stree	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (e.g., In or about 21C. WHERE DID et. office bidg., INJURY OCCUR?
DEATH (not	ify medical examiner) (Manth) (Day) (Year) (H.	out) 21E INJURY OCCURRED While A1 Not	D 21F. HOW DID INJURY OCCUR?
that (I)((w	fy that (N (this haspital) are e) last sow the deceased al and from the couses stated a	tended the deceosed from	
23A. SIGNA	Moto	GEGREE	
SALV 24A. BURIAL C REMOVAL BUTI 2	ADOR OUTROZ MD REMATION, 248. DATE (Specify) 5/6/1969	24C. NAME of CEMETERY OF	(any) tanks of adding?
25A. DATE REC		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

Mirchell Wedefeld Home 6500 York R 1968 40 VS 150-REV. 1/1/68

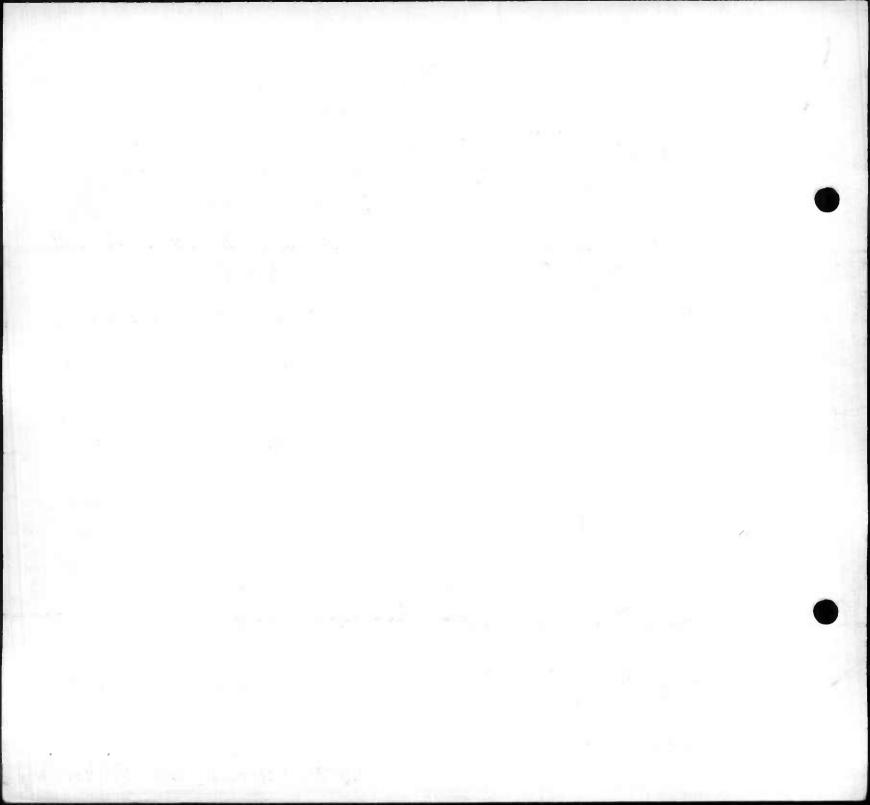


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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

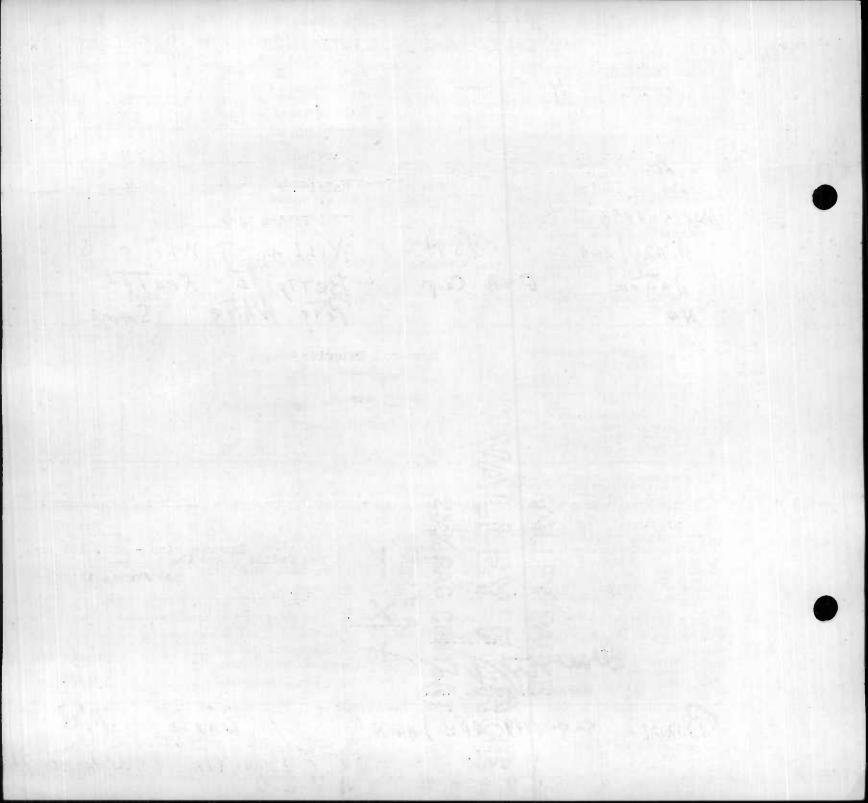
BIRTH NO. 1. NAME OF DECEASED (Typo or Print) E. D.		69 4727 BALTIMORE CIT	TY HEALTH DEPARTMENT
S. PELACE IN BALTIMORE, MARRIAND, WHITE PROMOUNCED DEAD A. STATE S. COUNTY A. STATE S. STATE S. COUNTY A. STATE S. STA	RIDTI	CEPTIEIC	ATE OF DEATH REG. No. 69 4727
2. PLACE IN BALTMORE, MARTAND, WHEE PROPURED DEAD 2. PLACE IN BALTMORE, MARTAND, WHEE PROPURED DEAD 3. STATE OF MOSTITAL OR INSTITUTION, CIVE, STREET MAY DEAD AND ADDRESS OR TOCATION. 3. STATE MAY DEAD ADDRESS OR TOCATION. 3. STATE ADDRESS OR TOCATION. 3. STATE ADDRESS OR TOCATION. 3. STATE ADDRESS OR TOCATION. 4. STATE ADDRESS OR TOCATION. 5. SEX DATE OF BIRTH STATE OR TOWN OF THE STATE OF BIRTH STATE OR TOWN. 5. SEX DATE OF BIRTH STATE OR TOWN. 5. SEX DATE OF BIRTH STATE OR TOWN. 6. STATE ADDRESS OR TOWN. 7. INFORMANT OR TOW	1. NA	ME OF DECEASED	
S. SEK S. RACE MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE In years II Under 1 Yr. II Under 24. Hirs.	(Туро	or Print Edwards Victor R	10/4
ADDRESS OR IOCATION BATTUTION B	3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
E. SEX S. RACE MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE for yours 11 Under 14. HER. Min. 10. USDA OCCUPATION (Give had of work) 10. REND OF BUSINESS OR INDUSTRY 11. BIRTHPRACE (Side or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 14. MOTHER'S MANDEN NAME 14. MOTHER'S MANDEN NAME 15. WORLD DESCRIPTION (I) VARIED FOREIGN OR WHAT COUNTRY 15. SOCIAL 15. SOC	HOS	TIAL OK ADDRESS OR LOCATION)	
BALLMARI MARYLAND L. STREET AND NUMBER 44 4 KAS BAN CALL MACH WHAT WHOMED NEVER MARRIED S. DATE OF BIRTH 15. SEX S. RACE MOWED DIVORCED S. DATE OF BIRTH S. AGE En years MOWED DIVORCED S. J.	114311	The Man & Killer of NAME LTAI	Bulting
S. BAZE	19	Baltimore, Maryland	120
MOUNTED DIVORCED STATE OF SIRTH ON THE STATE	5 0F		
IB. HAND THER'S NAME II.S. WESS Decessed Ever in U. S. Amage Forces? II. 6. SOCIAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heat lotture, ostimicine, ostimi	3.36	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years Il Under 1 Yr., it Under 24 Months; Doys Hours; Mir
13. FATHER'S NAME	10A. U	SUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR	8-18-1906 62
1.4 MOTHER'S MAINE 1.4 MOTHER'S MAIDEN NAME 1.5 Wos Decessed Ever in U. S. Armed Forces? 1.6 SOCIAL 1.7 INFORMANT 1.7 INFORMANT 1.8 SCURITY NO 1.8	done d	uring most of working life, even if felired)	12. CHIZEN OF WHA! COOK
15. Was Deceased Ever In U. 5. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS WW 2 18. 4 CAUSE OF DEATH SECURITY NO 083-07-6644 WM 07 pt our administration of Unknown 081 yes, give wor of doles of service 16. SOCIAL 17. INFORMANT ADDRESS WW 2 07 pt our administration 083-07-6644 WM 07 pt	13. FA		14. MOTHER'S MANDEN NAME
WW 2 SECURITY NO.	1 -	Viotos Vigo Educado	Frank Moure
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that the (we) lost saw the deceased alive on 5-3 1969 and that in the (our) opinion death occurred an the date			
ond hour and from the couses stoted above. (!) (We) (did not) view the body ofter death.	23.	d hour and from the couses stoted above. (1) (We) (did) (did not)	
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NAME (Type)		NAME(Type)	1
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	24A. B	URIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5/6/69 Lorraine Cemetery Woodlawn Balto. Md.	11	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		ATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	
vs 150-REV. 1/1/68	Ve 160		murdcuerri Mredererd Home 6200 Aork B



9	4728	BALTIMORE CITY HEALTH DEPARTMENT
		BALLIMORE CITT REALIR DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 4728

BIR	TH NO.				KEG. 140.2			
			iawn X	Manth	Day	Year	Hour	
LIVI	MICHAEL WHITE	OF DEATH Es	timated 🗌					М.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Manth	Day	Year	Haur	
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	PRONOUNCE		May	5,	1969	7:00	PA
4	2	5. USUAL RESIDE A. STATE	INCE (Where		B. COUNTY	; residence b	erare damissio	5
	Baltimore City Hospital	Mary la				1timor	e 2.	5 0
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOW	N		D. INSIDE CI	TY LIMITS?		
	male white WIDOWED□ DIVORCED□	Balti			YE	s X	NO 🗆	
N	DATE OF BIRTH 10. AGE (In years last birthday) 16 17. If Under 24 Hrs. Manths, Days, Hours, Min.		Fabian	Lane				
	MARY LAND	13. FATHER'S NA	Linn	T	Whi.	Te	Si	
	.USUAL OCCUPATION (Give kind of wark 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S M	AIDEN NAM	AE				
dan	eduring massor tacking life, even if retired) G. +A Corp	Be	TTY	t	KeA	112		
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no of unknown) (If yes, give war ar dates of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT	- 11	10	Al	DDRESS		
(1.6	s, not of minown fill yes, give war ar adies at service)	Per	e N	hile		SAM	2	
	19. CAUSE OF DEAT	Н					PROXIMATE INTE	
	DISEASE OR CONDITION DIRECTLY Cerebra	1 Injuries	S					
	LEADING TO DEATH							
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury ar camplication which caused death.)	S A CONSEQUENC	E OF:					
	ANITECEDIALS CALIFOR							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	S A CONSEQUEN	CE OF:					
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Z	(C)	• • • • • • • • • • • • • • • • • • •						
탇	II .							
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
뜬	DISEASE OR CONDITION GIVEN IN PART 1 (A).	lly reconstruction of the first term for 40° 40° 40° to the six also whealth disc to the						
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED				21. AUTO	PSY? (Yes ar	Na)
0	5/3/69 Subdural Hematoma						Yes	
EDICAI	22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING □ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, affice street)	bldg., etc.) INJUR	WHERE DID (Y OCCUR? W Battl	Inter	section	- Rte	. 151 8	and
Σ	22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	(3) 22F. H	OW DID IN	URY OCCU	R? Pede	strian	struck	k hv
	(AFFROA.) 3/3/09 1:49 A. m. WORK ATW	ORK X CE	ar.		1000	SCIIdi	Seruei	
	23. I certify that I held an Inquiry Inspection Au	apsy 🗓 an	d that on th	nis basis.	death in my	aninian		
						7		
	resulted from: Natural causes Accident X Suicid				red manner L	_		
	ACTUAL WELLER STORY		MEDICAL E				DATE SIGNE	ED
	SIGNATURE M.D	ASSISTAN	T MEDICAL E	XAMINER				
	EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE	E MEDICAL E	XAMINER		5	/6/69	
	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	CREMATORY	24D.	LOCATION	(City, law)	n, ar caunty)	n/ (Style))
KE	DURIAL (Specify) 5-9-1469 OAK LAW	Y	91	DA	210	/	Na	
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNE	RAL DIRECTO	OR .	A	DDRESS	11	- / /
	MAI 7 1969 R. Q. J. E. J. J. C.	1.0 (. 1	: EVA	UY UN	m 8	802	HAR TOR	d K
U-			6 6					



N. 18 the same of the same of the

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1 1 1		BALTIMORE CITY HEALTH DEPA
1-500	60	ATTO CENTIFICATE OF D

	BALTIMORE	CITY HEA	TH DE	PARTME	NT
4730	CERTIFIC	CATE	OF	DEA	TH

PEO 110	69	4730
REG. NO.	00	9/01

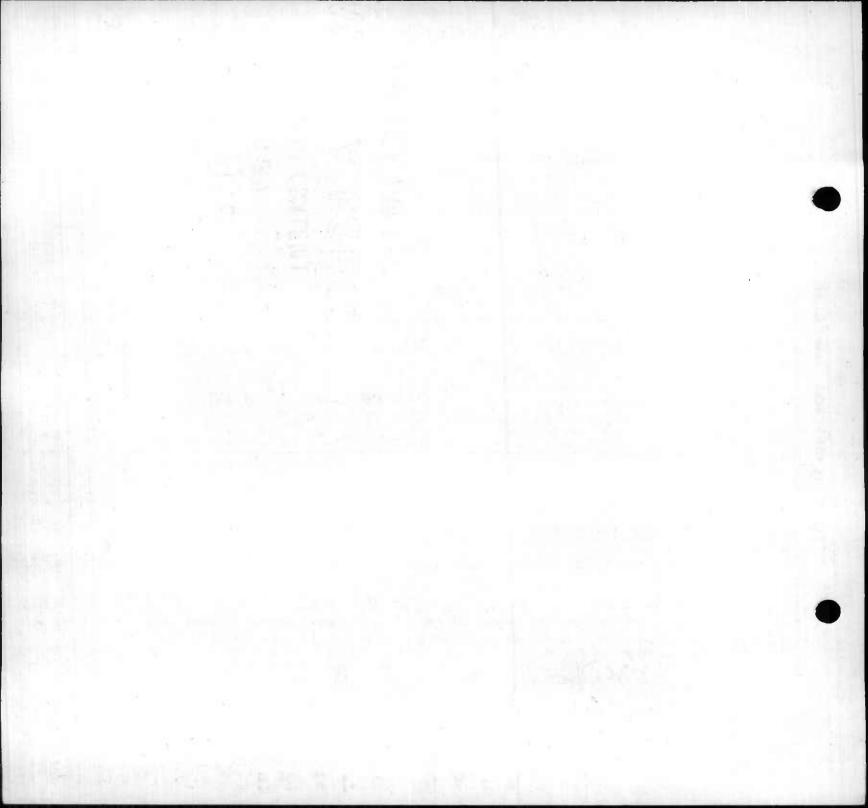
BIRTH NO.	39 CERTIFICA			
NAME OF DECEASED Type or Print)	NTAT		May 5, 1969	
MARY E. V		A USUAL RESID		If institution: residence before admissi-
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		A. STATE MARYLA C. CITY OR TOWN BALTIM	ND D. I	16-07 INSIDE CITY LIMITS?
39 PROVIDENT HOSPITE	al	E. STREET AND		YES NO NO
*	NEVER MARRIED	B. DATE OF BIRTH	*	If Under 1 Yr If Under 24 H
Female Negro widowed	DIVORCED [6-19-19	10 lost birthday 58	Months Doys Hours Min,
OA. USUAL OCCUPATION (Give kind of work) 108. KIND Of done during most of working life, even if retired) Registered Nurse	F BUSINESS OR INDUSTR		Stote or foreign country) , Pennsylvani	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME		14. MOTHER'S N	AIDEN NAME	
Joseph Cottman		Marg	aret Cottman	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give wor at dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.	213-14-9925	Mr. Wa	lter Smith 1	1400 Poplar Grove
injury or complication which caused death.) ANTECEDENT CAUSES	Helps	Acusin	andie Cosc	elar 1005-
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION tost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)	ACONSEQUENCE Le Le 20A. AUTOPSY	7 (Yes or No) 20B, IF YES, WE	elav 1965 1965 ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION B. PLACE OF INJURY (c.g.,	20A. AUTOPSY	? (Yes or No) 20B, IF YES, WE IN CERTIFYING	elav 1965 1965 IGGS REFINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street,	20A. AUTOPSY	? (Yes or No) 20B, IF YES, WE IN CERTIFYING	CAUSES OF DEATH?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A. DATE OF OPERATION 19-B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) etc.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED (hile At	20A. AUTOPSY in or obout 21C. Whoffice bidg., INJURY	? (Yes or No) 20B, IF YES, WE IN CERTIFYING	CAUSES OF DEATH?
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.A. DATE OF OPERATION 19.B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY (APPROX.)	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED (hile At	20A. AUTOPSY in or obout 21C. Whoffice bldg., INJURY 21F. HO	? (Yes or No) 208. IF YES, WE IN CERTIFYING OCCUR? W DID INJURY OCCUR? 19 ta	CAUSES OF DEATH?
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 178. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED (hile At Not Wh At Work the deceased from	20A. AUTOPSY in or about 21 C. Whoffice bldg., INJURY 21 F. HO view the bady af	? (Yes or No) 208. IF YES, WE IN CERTIFYING OCCUR? W DID INJURY OCCUR? 19 ta	imore City, give exact location
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 1248. DATE 124C.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED (hile At	20A. AUTOPSY in or obout 21C. Whoffice bidg., INJURY 21F. HO iile view the bady af tending Me tys. 23D. ADDRESS	? (Yes or No) 208. IF YES, WE IN CERTIFYING IERE DID OCCUR? W DID INJURY OCCUR? 19	imore City, give exact location) 19 apinian death accurred an the
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. Il OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A. DATE OF OPERATION 19-B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 ho DEATH (notily medical examiner) etc. 21D. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 44C. PREMOVAL (Specify) 24B. DATE 24C. PREMOVAL (Specify) 24C.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, or, or) E. INJURY OCCURRED (hile At Not What Work At W	20A. AUTOPSY in or obout 21 C. Whoffice bidg., INJURY 21f. HO iile view the bady af tending American 23D. ADDRESS REMATORY	? (Yes or No) 20B. IF YES, WE IN CERTIFYING IERE DID OCCUR? W DID INJURY OCCUR? 19	imore City, give exact location) 19 apinian death accurred an the 238. DATE SIGNED (City, town, or county) (Sto

VS 150-REV. 1/1/68

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F.H.

1701 Laurens St.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	BALTIMORE CITY HEALTH DEPARTMENT	
	BIRTH NO. 69 4731 CERTIFICATE OF DEATH REG. NO. 69	731 -
	(Type or Print) Numie Kenney (LAWTENGE) 5-4-69	140 n.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution residence A, STATE B, COUNTY	e before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?	-02
1	Baltimore YES	ио 🗌
1	South Baltimore General Hospital 216 Center St	
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. Months; Doys	If Under 24 His.
	\sim	
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	WHAT COUNTRY?
		S. A
	21 / //	
	15. Was Deceased Ever in U. S. Armed Foices? 16. SOCIAL 17. INFORMANT	
	(Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	ess St
	18. 1 A G I CAUSE OF DEATH	OXIMATE INTERVAL
ı	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heard failure, osthenio, etc. II means the disease,	2 days
	injury or complication which coused death.) ANTECEDENT CAUSES	1
	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUÊNCE OF: DUE TO, OR AS A CONSEQUÊNCE OF:	week
	inse to the abave couse (A) stoting the UNDERLYING CONDITION lost. (C)	o years
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONST	DERED
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?	ocotion)
	21D. TIME (Month) (Doy) (Your) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	(APPROX.) While At Not While At Work	
	22. I certify that (I) (this hospital) ottended the deceased from 67-6 19 69 to 5-4	1969
	that (1) (we) last sow the deceased alive on	rred on the date
l	and haur and from the couses stoted above. (1) (We) (dld) (dld not) view the body after death.	
	23A. SIGNATURE Attending Med. Staff S	-69
	23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS 63D. Decordons Road Road 217	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City love of County)	15

RECO AT HEALTH GEFT, 258, NAME OF REGISTRAR FRAL DIRECTOR 25A. DATE ADDRESS VS 150-REV. 1/1/68

Eterna

97 9 79 no with the control of the state of the s the state of the state of the state of Marker & Super F. H. 19d January St.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/6B

69 4732

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	03	4/32
G. NO.		1100

BIRTH NO.	CERTIFICA	ATE OF DEATH		
1. NAME OF DECEASED	of Wilmed	2. DATE A	ND HOUR OF DEATH	2,20
3. PLACE IN BALTIMORE, MARYLAND,	WHERE BRONGINGED DEAD	4. USUAL RESIDENCE (Who	ere deceosed lived. If institution	n: residence before admission
FULL NAME OF (IF NOT IN HOSP	ITAL OR INSTITUTION, GIVE STREET	md:	NTY /	6-06
HOSPITAL OR ADDRESS OR LO	ZATION)	C. CITY OR TOWN	D. INSIDE CIT	_
46 Lutheran Ho	rep of hos.	E. STREET AND NUMBER	1672 YES	NOL
TO Kumeran Tre	gr. of ma		Harlem Av	2,
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If U Mont	nder 1 Yr. If Under 24 H hs Days Hours Min.
10A, USUAL OCCUPATION (Give kind of we	WIDOWED DIVORCED V	TY 11. BIRTHPLACE (State or for	5 7	CITIZEN OF WHAT COUNT
done during most of working life, even if retired		Howard Co.	Maryland	4,3,4
3. FATHER'S NAME	. 4	14. MOTHER'S MAIDEN NA		
George 2	m. Th	Eliza	Smith	
5. Was Deceased Ever in U. S. Armed F (Yes, no ar unknown) (If yes, give war or day		17. INFORMANT	C (ADDRESS
-6-	215-12-961	2 Mr. Howard	Smith, Jr. 2	109 Windson
18. 403 X IX	CAUSE OF DEA	тн		APPROXIMATE INTERVA
DISEASE OR CONDITION I		//	_	
(This does not mean the mode	(A) IMMEDIATE C		elv	
heart failure, asthenia, etc. It mean	ns the disease,	S A CONSEQUENCE OF:		
injury ar camplication which cous		4 0 1	, _ \	
ANTECEDENT CAUS	(B)	Mentrosel.	erosia	
DISEASES OR CONDITIONS, if	on// giving	AS A CONSEQUENCE OF:	-j.	
UNDERLYING CONDITION last.	(c)	Mulmonary	160.	
_				
OTHER SIGNIFICANT CONDITIONS C				
A DISEASE OR CONDITION GIVEN IN P.	ART ! (A).	20A. AUTOPSY? (Yes or N	a) 20B. IF YES, WERE FINDIN	GS CONSIDERED
	ERFORMED OF THE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OF THE OFFICE	A/A	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g	, in or about 21 C. WHERE DID	(If in Baltimare City,	give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street,	office bldg., INJURY OCCUR?		
0	n) (Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	HIRY OCCUP?	
S OF INJURY	While At Not W		JOHN GCCOM.	
(APPROX.)	Work At Wo		10	1
22. I certify that (1) (this hospit	ol) ottended the deceased fram	5/2	1967 to 51	5 19 6
that (I) (we) last sow the decea	sed olive on 5/5	19 6 Jand 1	hat in (my) (aur) opinion o	leath accurred an the
and hour and from the causes s	toted above. (1) (We) (did) (dld not)	view the bady after death.		
23A. SIGNATURE	0			DATE SIGNED
and I		ttending Med.	Staff	3-15-169
23C.PHYSICIAN'S	OTA MIN DEGREE	hys. Director L	Phys.	3/3/6/
NAME (Type)	V D. V A	/ ;	A Hoe	- 1 1 1
Myung 1	1 / GYK M. D. DEGRI		perau /1051	of ma.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	CREMATORY 24D.	LOCATION (City)6W	n, or coupty) (State
Burial 5-9	-69 Bushy PATK	Cem, L	boward Co	MA
10 -01-1	6/ 20/14 ///			1601
25A. DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS

instance Hope at 100 -1-3-10 69 Howard Co. Harryens Janas Smith Flore smill DE 12-44 2 th Househ Son Whyte 22 Market Patenerry hutterned Hora Hyang L. Prend How

Y-520 B-400

VS 151-REV. 1/1/6B

69 4733 BALTIMORE CITY HEALTH DEPARTMENT

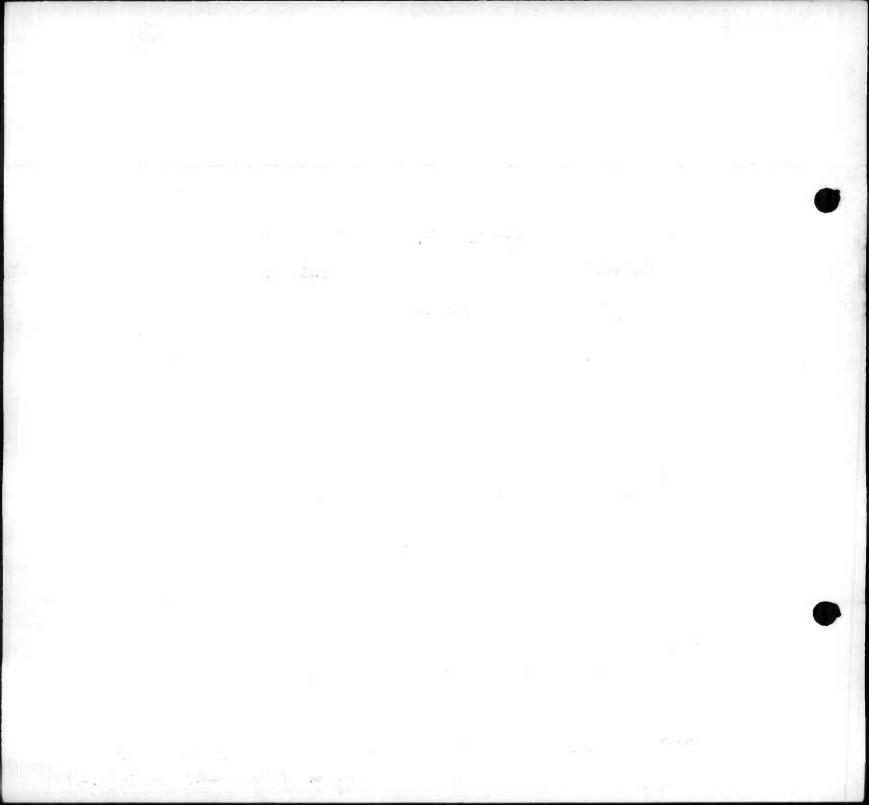
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 4000	69	4733
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known XX Month Day Year Hour
(Type or Print) ESTER YOUNG (ESTHER BELL)	OF DEATH Estimated 5 5 69 10:30am
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	May 5 196910:30a M. 5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
00 0011 11 0	A. STATE B. COUNTY 12 - 2
2544 McCulloh St.	Maryland / J
MARKIED NEVER MARKIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
H emale Colored WIDOWED □ DIVORCED □	Balto. YES 🖾 NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days; Haurs; Min.	E. STREET AND NUMBER
4-4-1901 68	2544 McCulloh St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Virginia WHAT COUNTRY?	James Bell
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired) Retired	
	Elizabeth Buckner
(Yes, na or unknawn) (If yes, give war ar dates af service) SECURITY NO.	18. INFORMANT ADDRESS
	Mr. Wilbur Walker 1821 E. Lafayette A
19.	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE C	
	AS A CONSEQUENCE OF:
Injury ar camplication which caused death.)	
ANITECED PAIR CALLERO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR A	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	**************************************
CO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., i	in ar about 22C. WHERE DID (If in Baltimore City, give exact lacation)
UNDERLYING OR CONTRIB- hame, form, factory, street, affice	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Yeor) (Haur) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE []
23. m. WORK AT WO	ORK L
	topsy ond that on this basis, death in my opinion
ha.)	
resulted from Natural causes Accident Suicid	
ACTUAL SCHOOL 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE	ASSISTANT MEDICAL EXAMINED XIXI
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	5/5/69
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY (or CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
Burial 5-10-69 Mt. Calvary	Cemetery A.A. Co., Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 7 1969 00 48 Factor	AA T
The transport	MORTON & DYETT F.H. 1701 Laurens St

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FUNERAL DIRECTOR: IMPORTANT	iner. actu pro pro ular mba	
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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death, such leceased prior to death, such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	W > U >	

69 4734 BALTIMORE CITY HEALTH DEPARTMENT					
BI	RTH NO.		TE OF DEATH	REG. NO.	39 <u>4734</u> ·
1,	NAME OF DECEASED			ID HOUR OF DEATH	
11(1)	YPE OF PRINTS LOT	1	5 4		15:00 D
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRON	4. USUAL RESIDENCE (Whe	re deceased lived. If instit	tution: residence before admission)	
	ULL NAME OF GIF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) REMARY CANE GEN, Lapeted		A. STATE B. COUN	ΤΥ	6 0
H			C. CITY OR TOWN	7110.CO:	53-00
			BALTIMORE	_	CITY LIMITS?
ΙZ			E. STREET AND NUMBER		ES NO
Ľ			3131 Acton Kd.		
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED		8. DATE OF BIRTH	2. AGE (In veore	If Under 1 Ys., If Under 24 His.
	WIDOWE WIDOWE	DIVORCED	10 03 04	lost birthdoy)	Aonths Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
17	ne during most of working life, even if retired) McCal	emich & Co	PALTIMOTO	-	4.5
	rher's NAME Frederick LOTI		14. MOTHER'S MAIDEN NAM		
15		Louise E. SCHMIDT			
(Y€	Was Deceased Ever in U. S. Armed Forces?	SECURITY NO.	17. INFORMANT		ADDRESS
L	Yes WWII	217-09-9298	Hazel Lota		5'AA
	18.4/0191	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	ante	Myoranalial	Talada	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g.	(A) IMMEDIATE CAU	36	infacetic	> 81042
	heart failure, oshenia, etc. Il means the disease				
	injury or camplication which coused deoth.)				
	ANTECEDENT CAUSES (8)				
	DISEASES OR CONDITIONS, if any, giving fise to the above couse IA) sloting the				
	UNDERLYING CONDITION last. (C)				
_					
TION.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
4	DISEASE OR CONDITION GIVEN IN PART 1 (A).				
THE	19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes of No.	208, IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
CERTIFIC	21A ACCIDENT WAS LINDERLYING 1				
7	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR?				
S					
MEDI	OF INJURY	E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX)	Thile At Not While At Work			h
	22. I certify that (1) (this hospital) attended the deceased from 5 19 67 to 5 4 19 69				
	that (1) (we) last saw the deceosed office on 5 4 19 69 and that (n(my) (aur) opinion death occurred on the date				
	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.				
	23A. SIGNATURE				
	[1 a] [a \ a \ b \ b \ b \ b \ b \ b \ b \ b \				
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS				
	E. M. DE LOS SANTOS LA ND. MG H				
24/	DEGREE!				
	KEMOVAL (Specify)	THE OF GENTLERS OF CREE			own, or county) (Stote)
256	Burial 5-7-69 CA	Greenmount (nematory Baltimore, Maryland NAME OF REGISTRAR John & Miller Inc-6415 Belair Rd21206			
-37	DATE RECORD HEALTH DEST. 258 HAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	1 0.000	ADDRESS
1/5	150-95V 14750	Mr. and and	John of mille	1 Inc-6415 Be	elair Kd21206



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DIRECTOR:	
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II.	

BIRTH NO.

Such h occurred in a hospital and contributing cause of death (4) Undetermined cause; (5) Deceased I. NAME OF DECEASED (Type or Print) uo May 3, 1969 JAMES KING death. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance A. STATE Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN 0 Baltimore Provident Hospital prior E. STREET AND NUMBER 537 Moore Street regular B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE 7. MARRIED NEVER MARRIED BE deceased lost birthdoy WIDOWED DIVORCED Negro 10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) sposition = dane during most of warking life, even if retired) Virginia SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 3 eath LO kind; 15. Was Deceased Ever in U. S. Armed Farces? 7. INFORMANT 6. SOCIAL (Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO. 0 fracture of any CAUSE OF DEATH pronounced 9 attend DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, approved by the chief medical examiner examiner. gular injury or camplication which caused death.) em ANTECEDENT CAUSES who are 4 DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if ony, giving 3 to the above cause (A) stating the physician UNDERLYING CONDITION lost. remains by a medical burns; Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? where to the hospital MEDICAL °N DEATH (natify medical examine) any nature; 21 D. TIME OF INJURY 21F. HOW DID INJURY OCCUR? obtained (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 9 (except While At Not While (APPROX.) and Wark At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an eath) hospital and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. the body was released must accident 23A. SIGNATURE ō Attending | 0 Director approval ō HYSICIAN'S 23D. ADDRESS prior ā VAME Hypel D.O.A. 24A. BURIAL CREMATION, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased REMOVAL (Specify) shows: Burial May 25A. DATE REC'D BY HEALTH DEPT. 1969 Mt Auburn Cemetery C. FUNERAL DIRECTOR dis 258. NAME OF REGISTRAR 3 O VS 150-REV. 1/1/68

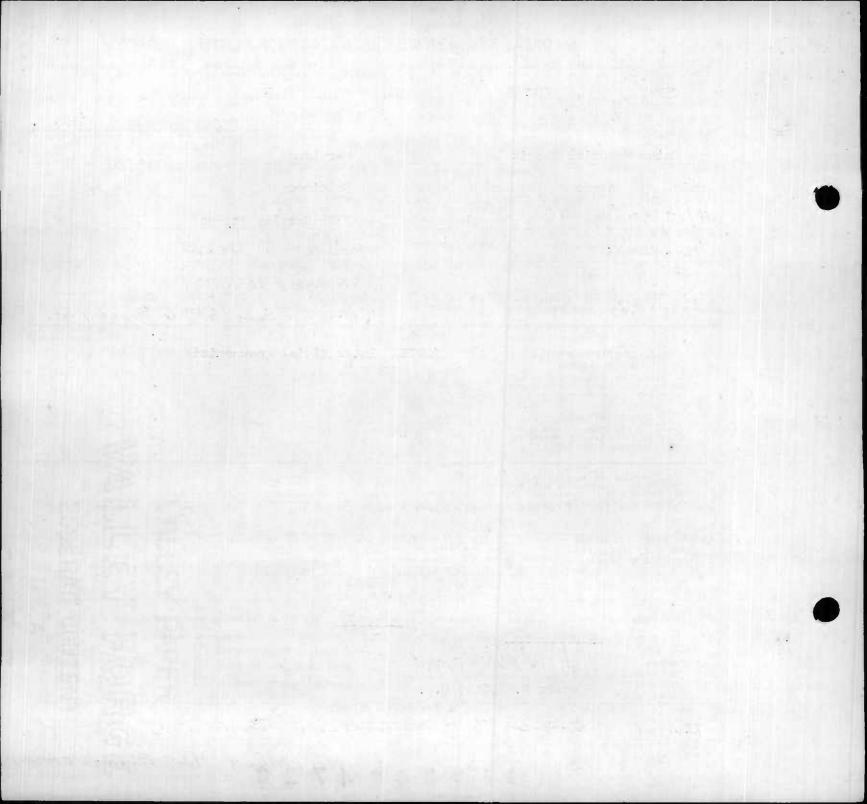
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admission) D. INSIDE CITY LIMITS' YES NO If Under 1 Yı. Manthsi Days If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS Mrs. Queenie Ward 537 Moore St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) and that in (my) (***) apinion death accurred on the date 23B, DATE SIGNED ADDRESS 928 E. North Ave.

1 2 /5 ps 32 /1- /4

4736

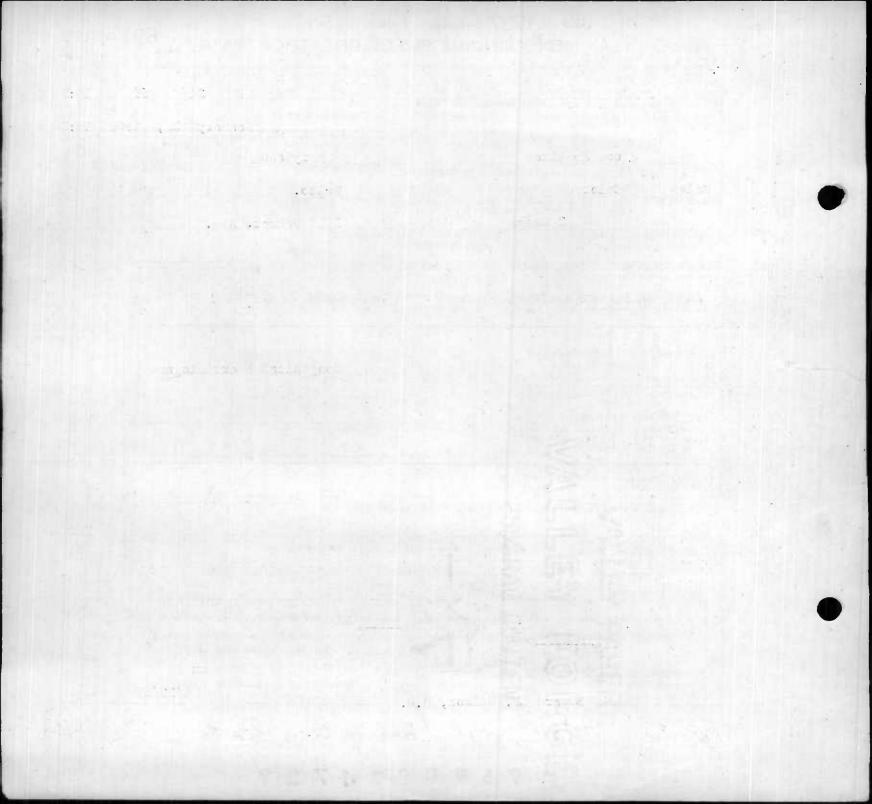
BIRTH NO. Balto Co. M. MEDIO	CAL EXAMINER'S C	ERTIFICATE OF	DEATH	REG. NO	69	4/00
1. NAME OF DECEASED		2. DATE Known	Manth	Day	Year H	our
(Type or Print) TERRY EU	GENE BELL	OF DEATH Estimated				М.
4. PLACE IN BALTIMORE, MARYLAND, WH		3. DATE	Month	Doy	Year H	aur
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCATION IN STITUTION	OR INSTITUTION, GIVE STREET ON)	5. USUAL RESIDENCE (When	May	5,	1969	1:35 P _M
44 Union Memorial Hos		A. STATE Maryland		3. COUNTY	12-	03
6. SEX 7. RACE B	MARRIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?	
male negro	WIDOWED DIVORCED	Baltimore		YES	s X NO	
9. DATE OF BIRTH 10. AGE (In y last birthdoy)		e. STREET AND NUMBER 2526 Barclay	Stree	t		
11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME ROBERT J	BEL	4		
14A.USUAL OCCUPATION (Give kind of work 14	B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NA	ME			
dane during mast of working life, even ifretired)		SHIRLEY 1	HARRI	5		
16. WAS DECEASED EVER IN U.S. ARMED F (Yes, no or unknown) (If yes, give war or dates of		18. INFORMANT ROBERT BEA		AD	DRESS	. 64
19.	CALLSE OF BEAT			200 1		XIMATE INTERVAL
19.4-84 1	CAUSE OF DEAT	н				ONSET AND DEATH
DISEASE OR CONDITION DIRECT		Interstitial Pr	neumoni	tis		
(This daes nat mean the made of dyin heart failure, osthenlo, etc. It meons the d injury or complication which coused death	isease,	S A CONSEQUENCE OF:				ar dan dan ann adar ann adar ann adar ann adar ann an an ann ann ann ann an an an an a
milary of complication which coosed death	.,					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN		AS A CONSEQUENCE OF:	*****			
UNDERLYING CONDITION LAST.	(C)			\$-\$\$-\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
[2]						
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PAR 20A. DATE OF OPERATION 20B. CONDITION CONDITIONS CONDITION	HE TERMINAL					
20A. DATE OF OPERATION 20B. CONE		S PERFORMED			21. AUTOPS	Y? (Yes or Na)
02					V	Zes .
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	22B. PLACE OF INJURY (e.g., home, form, foctory, street, affice	in ar about 22C. WHERE DID bldg., etc.) INJURY OCCUR?	(If in Baltimar	e City, give exoc		
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor)	(Hour) 22E.INJURY OCCURRED	22F. HOW DID IN	IJURY OCCU	R?		
OF INJURY (APPROX.)		WHILE	JOKI OCCO	K.		S 9
23.		57	1. 1.	15.4		
I certify that I held on Inc		opsy X and that on t				
resulted fram: Natural couse	Accident Suicid	e Hamicide	Undetermin	ed manner L		
ACTUAL SIGNATURE	Whi. Ent in	ASSISTANT MEDICAL			DA	ATE SIGNED
	U. Spitz M.D.	ASSOCIATE MEDICAL	EXAMINER		5/6	5/69
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	-69 Talte Notice		32/to	(City, tawn,	, or caunty)	(Stote)
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECT			DDRESS E. No	RTHA
VS 151-REV. 1/1/6B	7-0-7-1	17 4 / 6)			



M-560

69 4737 BALTIMORE CITY HEALTH DEPARTMENT

RIS	PTH NO 1/29	1-006	MED	ICAI	. E)	KAMINER'S	CERTI	FIC	CATE	OF	DEAT	TH REG. N	69	4	1737
1.	NAME OF DEC		7/				2. DAT		Knawn		Month	Day	Y	eor	Hour
(Ту	pe ar Print)	LIATATA I	MONIDOE				OF DEAT		Estimat	~ ~	1	21/	69		10:30 pm.
4.			<u>MONROE</u> aryland, w	HERE P	RONC	DUNCED DEAD	3. DATE				Manth	Day		eor	Hour
llHo	LL NAME OF		OT IN HOSPITA		TITUTIO	ON, GIVE STREET			NCED DE		Janua			169	10.30 pM.
	42	Sinai	Hospit	a1			A. STAT		Mary!		deceased	B. COUNT		1	7-1/
6.	SEX	7. RACE		B. MAR	RIED	NEVER MARRIED	C. CITY	OR 1				D. INSIDE	CITY LIM	ITS?	
1	Male	Co1	ored	WIDOV				Ba	lto.				YES 🗌		NO 🗆
9.	DATE OF BIRTI	Н	10. AGE (In	yeors y)	If Un Mant	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.	E. STRE	ET AI	ND NUM						
11.	BIRTHPLACE (S	State ar forei		reeks	12. C	ITIZEN OF	13. FAT		NAME	kto	rd Ave	2.			
					V	VHAT COUNTRY?									
	USUAL OCCU le during most of w			148. KIN	OFE	BUSINESS OR INDUSTR	y 15. MO	THER	'S MAIDE	NAM	ΛE				26:4
16. (Ye	WAS DECEAS s, na ar unknawn)	ED EVER IN	U.S. ARMED war ar dates	FORCE of service	S? ∍)	17. SOCIAL SECURITY NO.	18. INF	ORM.	ANT				ADDRES	S	
	(This daes n heort failure Injury ar can	LEADING To ot meon the , asthenia, et	mode of dy c. It means the ich caused dec	ing, e.g.,		(A) IMMEDIATE (DUE TO, OR	CAUSE				heari	t disea	se		PROXIMATE INTERVAL
NO	DISEASES O	OR CONDIT	IONS, IF ANY	, GIVINO TING THI		(C)	AS A CO	NSEQ	UENCE O	F:		digentermon dige (til) gill schrift die die die die des die des des die des des des des des des des des des de			
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	ATH BUT NO	NDITIONS CO	THE TERM	MINAL										
ERT	20A. DATE OF	OPERATIO	N 208. COI	VOITION	FOR	WHICH OPERATION W	AS PERF	ORME	D				21. /	AUTO	PSY? (Yes or No)
11	100														YES
EDICAL	UNDERLYING		NTRIB-		228. F	PLACE OF INJURY (e.g., e, farm, foctary, street, office	in ar aba ce bldg., et	c.) IN	C. WHER	E DID ((If in Baltim	are City, give	exact loco	tion)	1 1743
Σ			Day) (Yea	r) (Hau	, N		WHILE WORK	7 22	F. HOW	DID IN.	JURY OC	CUR?	The last		
RE		URE ER'S Type) MATION, fy) BY HEALTH	Edwar 248. DATE 4-23 DEPT.	1 1 1 1 1	C	Suicion Suicion M. I. I San M. D. C. NAME OF CEMETERY Melical Gans	ar CREM	Har C ASSIS	MICIDO TANT ME	DICAL EDICAL E	Undeterm EXAMINER EXAMINER LOCATIO	1/2		ounty)	DATE SIGNED (Stote)
VS	151-REV. 1/1/68	3		The second	-	the survey		1	7				- desired Share	-	



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).

	BALTIMORE CITY HEALTH DEPARTMENT	00 450 - 11
	BIRTH NO. 69-07607 69 4738 CERTIFICATE OF DEATH REG. NO.	7
	(Type or Print) BABY GIRL ALISTIN 12, PATE AND HOUR OF DEA	16:20 P M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	institution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. II	20-03 NSIDE CITYLIMITS?
4	Cutheran Hospital of Md. E. STREET, AND NUMBER DAY	YES NO
ė.	I A JAP PITT	201021
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdo? WIDOWED DIVORCED 4 30 69 9. AGE (In years)	Months Doys Hours Min.
SI IIO	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRT PLACE (State or foreign country) done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
SITI	13. FATHER'S NAME	1969 10 3/1
al disposition	USTIDE TO SECURITY NO. 17. INFORMANT TO SECURITY NO.	- 217 S. Paycon
111		
0	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
med	LEADING TO DEATH (A) IMMEDIATE CAUSE Immatury	1 Kour
pa	(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. If meens the disease, injury or complication which coused death,)	
E H	ANTECEDENT CAUSES	
are	DISEASES OR CONDITIONS, il ony, giving rise lo lhe obove couse (A) sloting lhe	
	UNDERLYING CONDITION lost. (C)	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
the		RE FINDINGS CONSIDERED CAUSES OF DEATH?
before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	more City, give exact location)
p p	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
ained	While At Not While At Work At Work	
ė i	22. I certify that (I (this haspital) attended the deceased from 1909 ta	ul 30 1969.
pe o	that (I) (we) last saw the deceosed alive an April 19 (0 9 and that in (my) (aur)	apinian deoth occurred an the date
must	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.	23 By DATE SIGNED
E	Endelina M. Ofuza DEGREE Phys. Director Phys.	April 30, 1969
approval	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	2 116
dda	24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CREMATORY 24D. LOCATION A	City, town, or spuntyh a Listotel
	REMOVAL (Specify) 52-69	EDICAL SCHOOL
written	25A. DATE REC'D BY HEALTH, DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR STATE	ADDRESS
>	VS 150-REV. 1/41/68	WART S BANK

F W 4 30/4 1 ELIZARETH ELIZARETH in it had so of a light to a LUDILIUT H OTE TTAM LURIS HOLL

al and death Deceased Such no of attendance Cause canse; 0 0 prior contributing etermined made. regular deceased disposition Dud Was 4 eath 00 kind; or final attendance any pronounced So, embalmed of fracture the chief medical examiner regular xaminer. who gre ල physician remains medical Was burns; physician Body 0 by 3 where to the hospital °N any nature; obtained 9 approved (except pup death); accident of hospital the body was released must 10 8 prior

at An

was D.O.A. shows: (1)

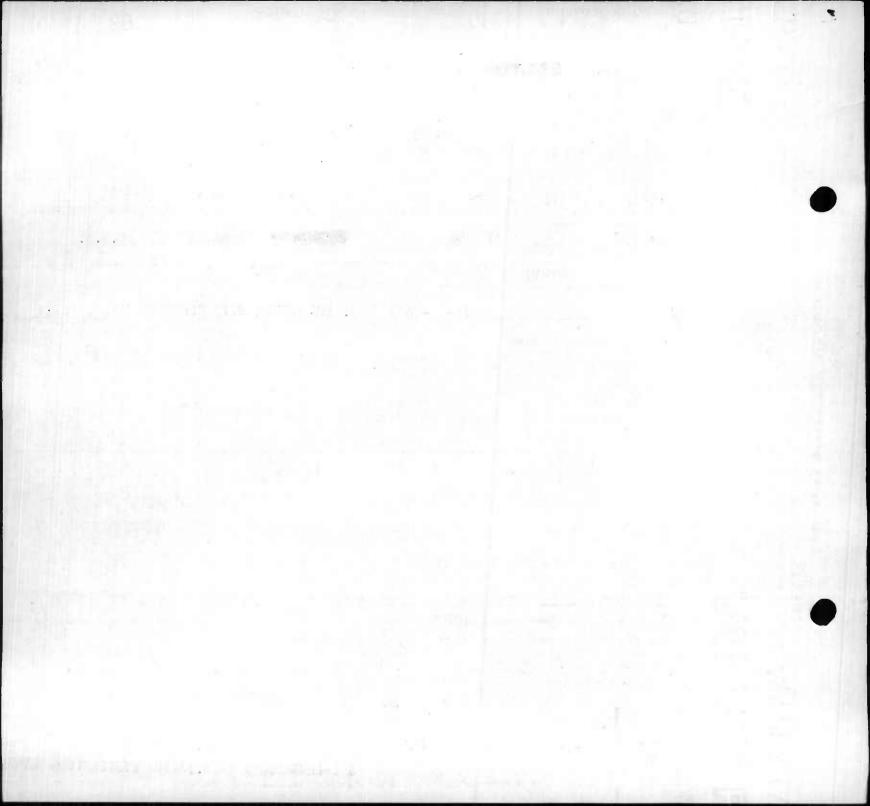
BALTIMORE CITY HEALTH DEPARTMENT 4739 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) NMN Cohn Mac 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased live). If inditiution: residence Baltunore FULL NAME OF HOSPITAL OR INSTITUTION MA (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Batimore YES 🖂 Cuty NOF Memorial Hospital E. STREET AND NUMBER Madison + Cloverdale Temple bardenchots. 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7- MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 His. FEMALE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? BALTIMORE D USF. Renx MERCHANT RETAIL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME XXXXXX CALMAN COHN UNKE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) all yes, give war or dotes of service) 6. SOCIAL 3909 CHA RANDALLSTOWN, ROAD. SECURITY NO. XXXXX NO 220 03 8830 colun. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY u au LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, DUE TO, OR AS A CONSEQUENCE OF: rise to the obove cause (A) stating the UNDERLYING CONDITION lost П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ARult Dealetes. TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in ar obout 21C, WHERE DID hame, form, factory, street, affice bldg., NJURY OCCUR? lif in Baltimore City, give exact location) MEDICAL DEATH Inotify medical exomined 21 D. TIME OF INJURY (Manthi (Day) (Year) (Haur) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At IAPPROXI At Work Work 22. I certify that (1) (this hospital) attended the deceased from 19 65 that (1) (Wp) last sow the deceased alive on. 1969. ond that in (my) (our) opinion death or curred on the date and hour and from the couses stated above. (1) (We) (did not) view the body after death. 23A. SIGNATUR 23 B. DATE SIGNED Attending [Med. approval Phys. Director 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS R IA 0 DNION MEMORIAL 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 5-6-69 OHER SHALO 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR OL. LEWINSON VS 150-REV. 1/1/68

February Color Communication 48 m sissiff yourses

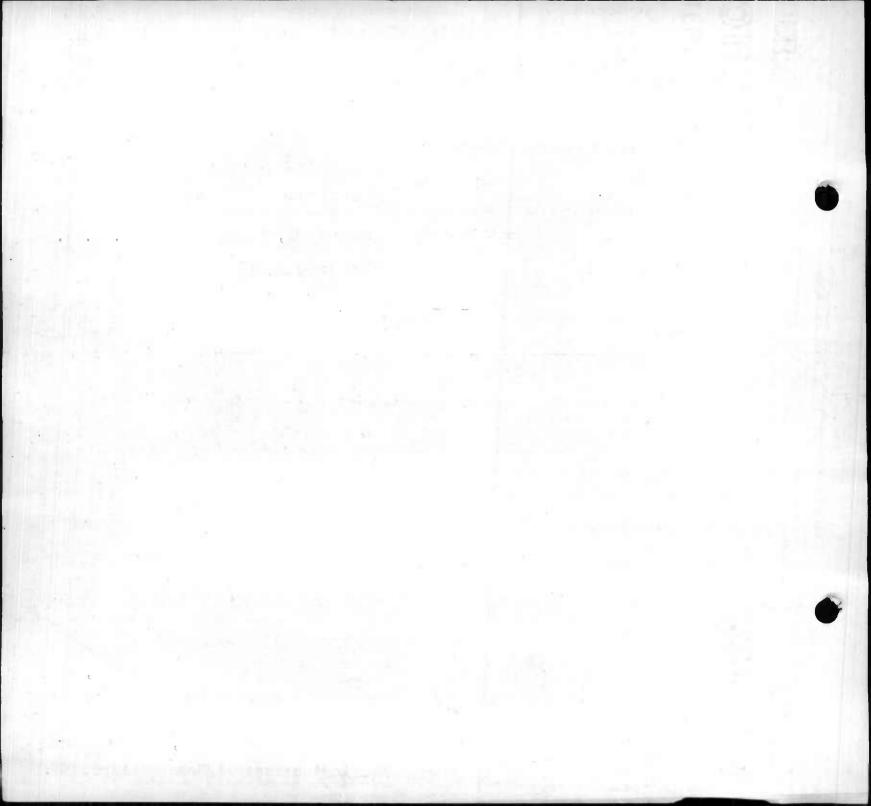
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1	1 - 69 1	740	BALTIMORE CITY	HEALTH DEPARTME	NT		00 424
I v	216	140	CERTIFICA	TE OF DEAT	TH REG	G. NO	69 4740
	TH NO.		,		ATE AND HOUR C	OF DEATH	
	e or Print) ennie RACHE		Weinbe	R9	121	Spm	5/6/69 M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNC	CED DEAD		COUNTY	lived. If institution	n: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTIO	ON, GIVE STREET	MARYLA	NO	- MICHE CH	21-11
IN	Sinai Hospital of		Balto.	BALTIN	IORE	D. INSIDE CIT	
15	Belvedere + Greer	SPE	ring Aves	E. STREET AND NUM			
1	The state of the s			<u> </u>	ALE N		Home
S. 5	FEMALE WHITE WIDOW	VED D		B. DATE OF BIRTH	9. AGE (In last birthdo	9	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINI aduring most of working life, even if retired)	O OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. 0	CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	AT HO)ME		R LITHUAN	IA	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME		
	HYMAN LA			BESS	SIE ?		
15. IYe	Was Deceased Ever in U.S. Armed Forces? i, no or unknown) (If yes, give wor or dates of servi		SECURITY NO.	17. INFORMANT			ADDRESS
	NO	21	12-20-9343		10W. 3712	GLENGYLE	AVENUE #21215
	18.5 THE STATE OF CONDITION DIRECTLY		CAUSE OF DEATH	1			BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		(A) IMMEDIATE CAU	SE Pheumo	thorax/	Recurrent	1 10 days
	(This daes nat mean the mode at dying, heart failure, asthenia, etc. It means the dise			CONSEQUENCE OF:			199100
	injury ar camplication which coused death.)		1/ 1	1	_		1. 1
	ANTECEDENT CAUSES		(B) Memo	noray C	- VACUAT	ION	16 days
	DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating		7	A CONSEQUENCE OF:			V
	UNDERLYING CONDITION last.		(c)				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG	Krinta	stinal of	1 1		121
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIP DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	10 10116	31(112) 01	DSTRUCT	700	- clarks
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHI	CH OPERATION	20 A. AUTOPSY? IYe	s or No) 208, IF Y	ES, WERE FINDIN	GS CONSIDERED OF DEATH?
CAL CER	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examinet	21 B. PL/ home, etc.)	ACE OF INJURY (e.g., inform, foctory, street, of	n or obout 21C. WHERE fice bldg., INJURY OCC	DID (If	in Boltimore City,	give exact location)
EDIC	21D. TIME Month) (Doy) (Year) (Hour) OF INJURY	21 E. IN	JURY OCCURRED	21F. HOW D	OLD INJURY OCCU	R?	
2	IAPPROX.)	While work	At Work				
	22. I certify that (1)(this hospital) attend			5-1-	19 69 1	a 5-6	19 69
	that (1) (we) last saw the deceased alive	an	5-6-	19 69	and that in (my)	(our) apinian a	death occurred an the date
	and haur and from the causes stated abov	e. (I) (\	We) (did) (d id not) v	iew the bady after a	death.		
	23A. SIGNATURE		Atte	nding Med.	C Shaff TC		DATE SIGNED
	11/1/1/1/1/1/		DEGREE Phy	i. Director	Phys. D		5-6-69
1	NAME (Type)		1410	23D. ADDRESS	4002		P. //
24/	STEPHEN P. K. BURIAL CREMATION, 248. DATE REMOVAL ISpecify) 24	C. NAM	E of CEMETERY OF CRE	MATORY (24D. LOCATION	City, tow	Da 1 to . (n, or county) Stote)
		MOGA	N ABRAHAM		ROSEDALE	, MARYLAN	D
25/			REGISTRAR DEN M	SOL-LEVINS	RECTOR SON & BROS	.,6010 RE	EISTERSTOWN ROAD
VS	150-REV. 1/1/68		400	7 / 2	***		



		65	4	7A4 BALTIMORE CITY			DEC.	6	8-6246
BIRTH	NO		7	CERTIFICA	TE OF D	EATH	REG. 1	6	9 4741
1. NAA	ME OF DEC	EASED	11-11	by C		2. DATE A	ND HOUR OF		17 15
		MAYLE.			11		5-5-6		10
3. PL/	ACE IN BAL	TIMORE, MARYLAND, V	VHERE PRO	NOUNCED DEAD	A. STATE	B. COU		ed. It inst	itution: residence before odmissio
FULL	NAME OF	(IF NOT IN HOSPI	TAL OR IN	STITUTION, GIVE STREET	Md	1			1-03
N STII	TUTION	ADDRESS OR LOC	A HON		C. CITY OR TO				E CITY LIMITS?
+/	1117	HERAN HE	SCOIT	AL OF Md	E. STREET ANI	MOTE D NUMBER			YES NO NO
	LUI	116 47111 -12	,,,,,				ESSEX	STI	PEET 21224
. SEX		6. RACE	7- MARR	ED NEVER MARRIED	B. DATE OF BIR		9. AGE (In year		If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
	M	W	WIDOW	= =	2-26-	-00	lost birthdoy)	9	Months Doys Hours Willi.
			k 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Stote or for	reign country)		12. CITIZEN OF WHAT COUNT
one d	_	working life, even if retired) enter	Bos	t Company	Deer Pa	ark. N	aryland		U. S. A.
3. FA	THER'S NA		200	o company	14. MOTHER'S				0, 0, 1,
	W11me	r Mayle			Mar	ry Lew	ris		
s. We	s Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMAN				ADDRESS
Tes, n	no or unknown	(If yes, give wor or do	es of servi	security No. 220-10-1002	Mrs. Be	nileh	Mayles	900	#4 above
18				CAUSE OF DEAT		ulan	nagics	500	APPROXIMATE INTERVAL
1.0	41	I SE OR CONDITION D	IDECTLY						BETWEEN ONSET AND DEA
	DISEA	LEADING TO DEATH			Pulm	inin	emply	coma	2 Weeks
(1	This does	nat meen the made a	f dying,	(A) IMMEDIATE CAL	A CONSEQUENC	E OF:			
h	eart failure,	asthenia, etc. 11 mean	s the dise		C. H	H.			
ir.		nplication which cause		1	erioscler	TI C	2.1. 1/2.		dieles.
		ANTECEDENT CAUSE		(0)	A CONSEQUEN	ous c	araco va	cucar	
		OR CONDITIONS, if e abave cause (A)			: ble re		A sub	in has	
		G CONDITION last.	Storing	(c)	· per re	0.1	PAR	21/A	
		11				AQ SHEET		- 0 / 1	
OO	THER SIGNI	ICANT CONDITIONS CO	NTRIBUTH	NG					
V D	ISEASE OR C	TH BUT NOT RELATED TO CONDITION GIVEN IN PA	RT 1 (A).						
H 19	A. DATE OF	OPERATION 198. CO	NDITION F	OR WHICH OPERATION	20 A. AUTOP	SY? (Yes or h		WERE FI	NDINGS CONSIDERED SES OF DEATH?
ER	A ACCIDE	NT WAS UNDERLYING	7	218. PLACE OF INJURY (e.g.,	n ot about 21 C V	NO DID	//6 :=	9 altimana	City, give exoct location)
70	R CONTRIB	UTING CAUSE OF		home, form, foctory, street, o	ffice bldg., INJUI	RY OCCUR?	lit in	oonmore	City, give exect lecotion)
U		medicol exominer)							
	F INJURY	(Month) (Doy) (Year	(Hour)	21E, INJURY OCCURRED		IOW DID IN	IJURY OCCUR?		
< (4	APPROX.)			While At Work Not Whi At Work					
2:	2. I certify	that (1) (this haspite	al) attend	ed the deceased fram	4-24		19 69 ta	5	19.69
11	nat (I) (we	last saw the deceas	ed alive	an 5-5. 7 5	19 69	and 1	that in (my) (a	ur) apin	Ian death occurred an the d
				e. (1) (We) (did) (did nat)					
	A. SIGNATI				The budy	death			23 B. DATE SIGNED
		Su	Hul	M DEGREE Phy	ending	Med.	Staff Phys.		
23	C. PHYSICIA	AN'S	7,0000	DEGREE Phy	23D. ADDRESS	, ireciar —	-	,	May 5, 1969
-	NAME	Type) Salaa	C V	MP DEGREE PHY	/	uthe	van H	65pi	tel 87 md
244	DIIBLA! CO	JUUN	9 /	M DEGREE					
	REMOVAL	Specify) 248, DATE	24	C. NAME OF CEMETERY OF CR			LOCATION		, town, or county) (Stote)
	buria			Deer Park Cer			eer Par	rk,	Maryland
25A.	DATE REC'E	8 1969		ME OF REGISTRAR	25C. FUNE	AL DIRECTO	OR TT		ADDRESS
	HIM	0 1000	AL D.	& Egraphen, P.	Tuna	ch; rui	neral H	ome	Oakland, Md.
16-36	~ REV. 1/1/	6B							



VS 150-REV. 1/1/68

	BIRTH NO. 69 4742 BALTIMORE CITY CERTIFICA	Y HEALTH DEPARTMENT	69 4742
	I.NAME OF DECEASED Clarence E. Magers Sr. (Type or Print) CLARENCE MAGERS	2. DATE AND HOUR OF DEATH	. 0:55 1
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed lived. If institute a state of the county Baltimore	tians residence before admission
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN Edgemere D. INSIDE C	CITY LIMITS?
	Maryland General Hospital	2-307 Linedh Ave.	
	5. SEX ale 6. RACE hite 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	53	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
- 11	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Shear Operator — Bethlehem Steel Co.	11. BIRTHPLACE(State or foreign country) 12 Maryland	U, S. A.
	13. FATHER'S NAME Charles Magers	14. MOTHER'S MAIDEN NAME Edna Porter	
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or doles of service) No. 213-07-6876	17. INFORMANT (WITE) EVELYN MARCERS	ADDRESS
	injury or camplication which caused death.) ANTECEDENT CAUSES	Konto munocardia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 WOWS
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING (1) 121B-PLACE OF INTURY (e.g., in the control of the control	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
	OR CONTRIBUTING CAUSE OF home, farm, factory, street, of DEATH (notify medical examines)	n ar about 21 C. WHERE DID (If In Baltimore Cit	ly, give exoci location)
	21D-TIME (Manih) (Doyl (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on	19 and that in (my) (aur) opinion	death accurred an the date
	and hour and from the causes stated above. (1) (We) (did) (did nat) very state of the course of the course of the causes stated above. (1) (We) (did) (did nat) very state of the causes stated above. (2) (did) (did nat) very state of the causes stated above. (3) (did) (did nat) very state of the causes stated above. (4) (did) (did nat) very state of the causes stated above. (4) (did) (did nat) very stated above. (4) (did) (did nat) very stated above. (4) (did) (did nat) v	anding Med. Staff	DATE SIGNED
	E, M. DE WY SANTOS JR. M.D.	Maryland General Hospital, B	altimore, Md.
	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. Date 24C. NAME of CEMETERY of CRI 24C. NAME of CRI 24C.	EMATORY 24D. LOCATION (City, to	ore, Maryland
	25A. DATE RECID AY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR And John J. Duda, 17922 Wise Ave	Dundalk, Md.

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69 4743

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DIDTH NO		WEDI	ICAL E.	XAMINER 5	LEKIIFI	CATEO	DEAT	REG. NO	00	3/40
I. NAME OF					2. DATE	Known XX	Month	Doy	Yeor	Hour
(Type or Print)	JAY MA	NNING	POLI	AKOFF	OF DEATH	Estimoted	5	5 .	69	7:50 a _{M.}
4. PLACE IN	BALTIMORE, MA			OUNCED DEAD ON, GIVE STREET	3. DATE PRONO	UNCED DEAD	Month May	Doy 5,	Yeor 196	9 7:50 a
HOSPITAL OR INSTITUTIO	ADDRE	SS OR LOCAT		ON, OIVE SIKEET	5 USUALI	RESIDENCE (Whe			Ď.	M.
S	inai Hosp	ital 1	D.O.A.		A. STATE	Maryland		B. COUNTY	27	-20
6. SEX	7. RACE		8. MARRIED	NEVER MARRIED		_		D. INSIDE CIT	/ LIMITS?	
Male	Whit	10. AGE (In	WIDOWED	DIVORCED Inder 1 Yr. If Under 24 Hrs.		AND NUMBER		YES		10 🗆
9. DATE OF 1		lost birthday) 46 Mon	ths: Doys: Hours: Min.	E. SIREEI	AIND NOMBER	-	3935 CLAF	RKS LA	NE
11. BIRTHPLA	CE (Stole or foreig	n country)		CITIZEN OF	13. FATHER	Y'S NAME				
	CAROLINA			WHAT COUNTRY?		EL POLIAK				
done during mo	stof working life, ev	e kind of work 1 en if retired)		BUSINESS OR INDUSTRY						
LAWY	ER EASED EVER IN	I S ADMED	AT	LAW 117. SOCIAL	FANN	IE POLIAK	OFF	ADI	DRESS	
(Yes, no or unkn	own) (If yes, give w	or or dotes o	f service)	SECURITY NO. 247-68-7675			AVAET			ANIE
19.	W •	W. II		CAUSE OF DEA		MUEL POLI	AKUFF.	3933 CLP	APP	ANE ROXIMATE INTERVAL
This	EASE OR COND	ITION DIREC	TIV							EEN ONSET AND DEATH
	LEADING TO	DEATH		Arterios	sclerot	ic cardio	vascul	ar diseas	se com	plicated
heort fo	es not meon the ilure, osthenio, etc. r complication whic	. It meons the	diseose,	DUE TO, OR	AS A CONSE	DUENCE OF: by cirrhos				
Injury	r compaconon wine	ii coused deol	,			by CITINO	,13 01	LIIC LIVE		
DISEAS	ANTECEDENT		GIVING	(B)	AS A CONSI	QUENCE OF:				
RISE TO	THE ABOVE CAL	USE (A) STAT	ING THE							
2		11		(C)			, p, q, w w.p, w w w w w w w W de Mill			
O TO THE	SIGNIFICANT CON DEATH BUT NOT E OR CONDITION	RELATED TO	THE TERMINAL							
20A. DAT				WHICH OPERATION W	AS PERFOR	MED				SY? (Yes or No)
0 0										YES
UNDERLY	TERNAL CAUSE TING ☐ OR CON CAUSE OF DEA	TRIB-	22B. hom	PLACE OF INJURY(e.g., e, form, foctory, street, offic	in or obout e bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exoc	t location)	
≥ 22D. TIM OF INJUR	E (Month) (D	oy) (Yeor)	(Hour)	22E.INJURY OCCURRED		22F. HOW DID II	NJURY OCC	UR?		
(APPROX.					WHILE VORK					
23.	certify that I h	eld on In	nguiry 🗌	Inspection Au	topsy XX	and that on	this basis	death in my a	minian	
	sulted fram: N					amicide		ned manner	,	
	Total	0 -1	101			CHIEF MEDICAL				
	VAL NATURE	NT	141	M.E	ASS	ISTANT MEDICAL	EXAMINER	xxx		DATE SIGNED
EXA	MINER'S					OCIATE MEDICAL	EXAMINER			
	ME (Type) CREMATION, 2	Ed	ward F	Wilson M.D.	or CREMAT	ORY 240	LOCATION	(City, town,	5/5/	
REMOVAL (Specify)			MAGNOLIA CEME				GEORGIA		(5.5.5)
REMO	VAL C'D BY HEALTH I	5-6-69 DEPT.		OF REGISTRAR	250			AD	DRESS	
ZJA. DATE RE	MAY 8	1969	RO	A. E. Foolew	M. 1860	TELLINGON	RSTOWN	INI.		RE 21215
VS 151-REV. 1,	/1/68					10	500			

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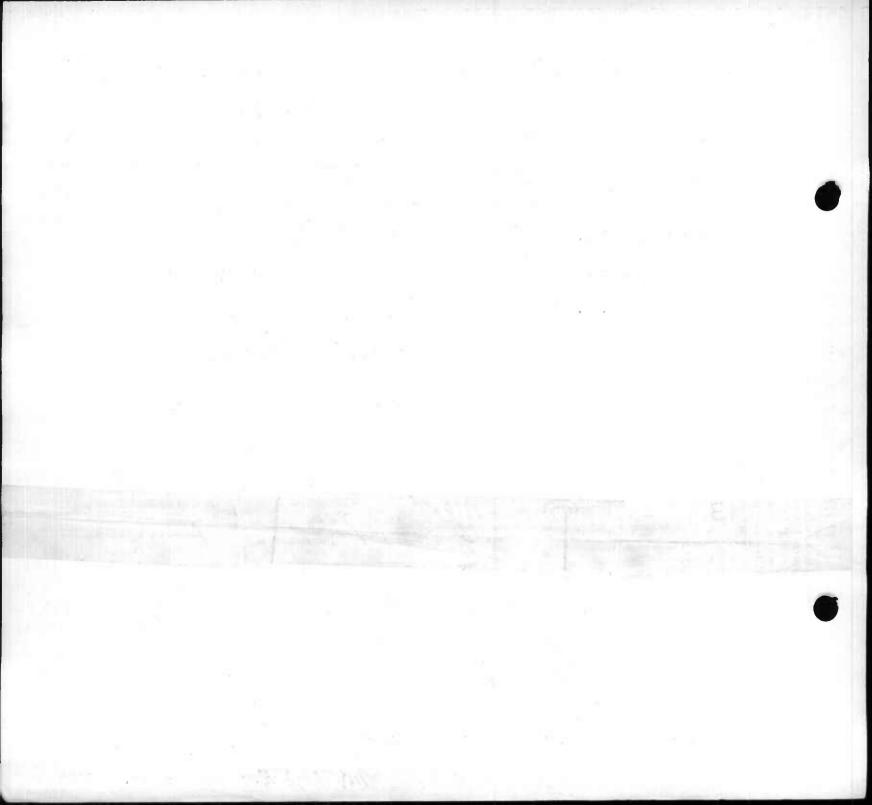
ACCOUNT NAME OF THE PARTY OF THE PARTY.

217-07-4275A BCH RECORDS: BALTIMORE, MARYLAND 21224

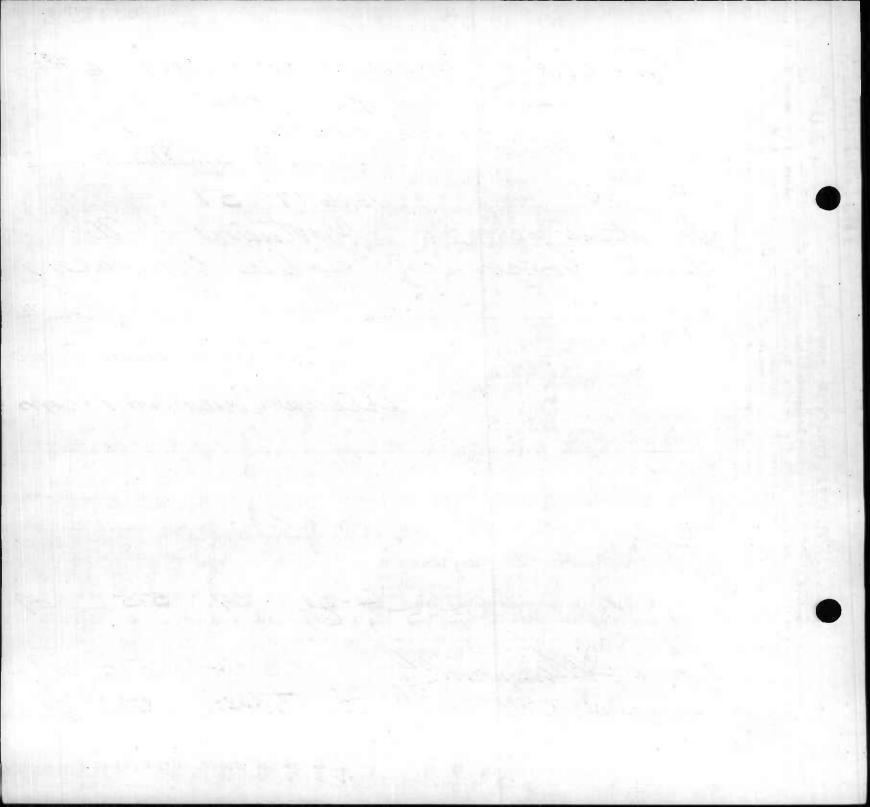
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death us shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any find; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

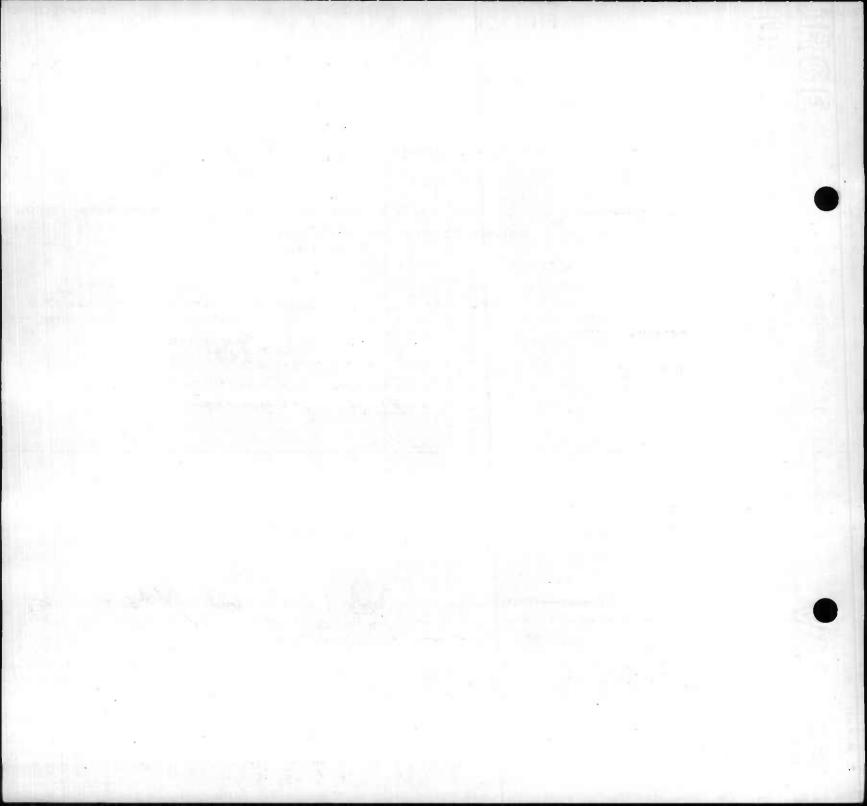
65) 7 1 141	Y HEALTH DEPARTMENT	V	CQ 4745
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	69 4745
1. NAME OF DECEASED (Type or Print)	Hakins	2. DATE AND	HOUR OF DEATH	919. 1145
3. PLACE IN BALTIMORE MARYLAND, Y	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	MARY CAN	/	e Arundel
HOSPITAL OR ADDRESS OR LOC	ATION)	C. CITY OR TOWN		SIDE CITY LIMITS?
South salt	unne Gen. Hor	BALTIMORE	26	No IN
43		E. STREET AND NUMBER	e Park	XXXXXXXXXX Road
5. SEX 6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	16-77 00	AGE (In years	If Under 7 Ys. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL O CCUPATION (Give kind of world dene during mast of working life, even if retired)	TOR KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (Stote er foreign	country!	12. CITIZEN OF WHAT COUNTRY
Maintainence Eng.	roux Roses Distriury			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	E	USA
Peter Jenkins		11 - 1 350		Kenig
15. Was Deceased Ever in U. S. Armed Fer (Yes, no or unknown! (If yes, give wer or date	ces? 16. SOCIAL	Margaret 94	oerecan 1	ADDRESS
Yes W. W. 2	3 of services SECURITY NO.	I then to p	4	
18.	CAUSE OF DEAT	H HOSPICAL Rec	ord	APPROXIMATE INTERVAL
DISEASE OR CONDITION DI	RECTLY	Sont. Cl.	- 6	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of	(A) IMMEDIATE CAL		rek_	2 days-
heert feilure, asthenia, etc. It means injury ar camplication which caused	the disease	A CONSEQUENCE OF:	-	
ANTECEDENT CAUSES	deam.J	Lated Pot	ie alles	
DISEASES OR CONDITIONS, II	(B)	A CONSEQUENCE OF:	eucey	
nse to the obove couse (A)	stating the	A CONSEQUENCE OF:		
UNDERLYING CONDITION last,	(C)	*******************************		
OTHER SIGNIFICANT CONDITIONS COLD IO THE DEATH BUT NOT RELATED TO THE	NTRIBUTING CILL	estic Obreess		
DISEASE OR CONDITION GIVEN IN PART	[] (Δ)			
19A-DATE OF OPERATION 19B. CON. WAS PERF	ORMED THE WHICH OPERATION	20A. AUTOPSY? (Yes or Ne)	208, IF YES, WERE P	FINDINGS CONSIDERED USES OF DEATH?
21A. A COIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	or ebout 21 C. WHERE DID	If to Relimen	City, give exect lecotion)
DEATH (netify medical exeminal)	heme, form, fectory, street, ej	fice pidg., INJURY OCCUR?	in in peninter	City, give exect tecotion;
21D. TIME (Month! (Doy) (Year)	(Hour 21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP?	
(APPROXI	While At Not While Werk At Werk			
22. I certify that (1) (this hospital)		729/69	7	an 1 19
that (I) (we) last saw the deceases		10 6 9	ta	The state of the s
and hour and from the couses state		lough to be to be a facility	in (my) (our) apin	nlan death occurred on the date
23A. SIGNATURE	C 2	iew the body after deoth.		23B, DATE SIGNED
Homeker Gua	Dhi	nding Med. Sta	# 4	may 1/19
23C. PHYSICIAN'S NAME (Type)	DE CONCE!	Director Phy	1	11940161
GONZALO	(MACENA MA)	much fall	unn	(An. Hos
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)		MATORY 24D. LOCA	ATION (Cit	y, tewn, or county) (Stote)
Burial 5/9/6	9 Baltimore Natio	nal		aryland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ltimore, M	ADDRESS
MAY 8 1969	A.D. A. Estables.	mfCullent Ko	37 Patapse	
S 150-PEV 1/1/6P		/~ /		



	BALTIMORE CITY HEALTH DEPARTMENT	69 4746
0	69 4746 CERTIFICATE OF DEATH	REG. NO.
		ND HOUR OF DEATH
	(Type or Print) IENEWEY BUCZKOWSKI MA	Y5.1969 6 4 P.M.
	3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Wh. A. STATE B. COU	ere deceased lived. If institution: residence before admission)
	IN C	BALT. 26-33
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	MONTEBELLO SOTTE BALLO	YES NO NO
	HOSP. E. STREET AND NUMBER	2 31213
e e	6 91 3334 PI	ELAAMTIVE, 2143
made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
S	WIDOMED DIVORCED DIVORCED	eign country) 12. CITIZEN OF WHAT COUNTRY?
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=	done dufing most of working life, even if relied) Contractors 14. MOTHERS MAIDEN NA Contractors 14. MOTHERS MAIDEN NA Contractors Contractors	und Md (C).
pos	13. FATHER'S NAME	0 1/21100-
dis		e. museurs
0	113. Was Deceased Ever in U. 3. Armed Forces! 10. SOCIAL 117. INFORMANT	ADDRESS
ţ.	= 100 Z12-03-2021 Fecul	- Duce korcoki Jam
0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY	100
E	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE	Caracinonio Sulo
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	- 1/
	ANTECEDENT CAUSES	Carrier 1/2
0	DISEASES OF CONDITIONS IS any siving DISEASES ON CONSEQUENCE OF	LANGUAT MAG
20 5		
remains	UNDERLYING CONDITION loss, (C)	
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
e re	4 DISEASE OR CONDITION GIVEN IN PART 1 (A).	
t he	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Ves or New As PERFORMED)	lo) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
P.	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID	(If in Baltimore City, give exact location)
efo	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?	(if in ballimore City, give exact location)
1	9 0	JURY OCCUR?
ne	OF INJURY While At Not While	
*		160. 5-5 160
	o 22, 1 certify that to (this haspital) differenced the deceased from	hat in (my) (our) opinion death occurred on the date
	•	
ust	ond have ond from the couses stated above. (1) (We) (did) (dld nat) view the body after death. 23A. SIENATURE Attending Med.	23 B. DATE SIGNED
		Stoff Phys. 4 5-5 69-
0	23C. PHYSICIAN'S Director 223C. ADDRESS	Priys.
010	DNAME (Type)	selfollol Hope
ddr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D.	LOCATION (City, town, or county) (Stote)
	I KENIOVAL (Specify)	
tte	Burial 5/9/69 Holy Rosary Cemetery E	Baltimore, Md.
3	Burial 5/9/69 Holy Rosary Cemetery E	Funeral Home, Inc.
	VS 150-REV. 1/1/68	remme Lane



	69	1 1717	Y HEALTH DEPARTMENT		69 4747
BIRTH NO.	U.	CERTIFICA	ATE OF DEATH	REG. NO	03 4/4/
1, NAME OF D (Type or Print)	CHARLE	ES EDWARD ANDRATH	W CD	AND HOUR OF DEATH	18:00A.
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	Md. 212		26 - 43 SIDE CITY LIMITS?
44			Baltimore		YES NO
an	Union Memori	al Hosp. (DOA)	3616 Elmle	ey Ave.	
5. SEX	6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days Hours Min.
male	white	WIDOWED DIVORCED	Feb.2,1906	63	
	CUPATION (Give kind af war) of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR		reign cauntry)	12. CITIZEN OF WHAT COUNTRY
Baker		Belmar Bakery	Maryland		
13. FATHER'S N	Louis Andra	thy	14. MOTHER'S MAIDEN N. Mae Myer		
5. Wos Decea:	sed Ever in U. S. Armed For		17. INFORMANT		ADDRESS
(Yes, no or unkno	wn) (If yes, give wor or date	s of service) SECURITY NO. 217-07-6662	· ·	nee Buckla	and) wife, above
O THER SIG	THE OBOVE COUSE (A) NG CONDITION IOSI. II NIFICANT CONDITIONS CO EATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	NTRIBUTING HE TERMINAL	<u>st</u>		
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No.) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED
DEATH (no	DENT WAS UNDERLYING DIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g. home, farm, lactory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct lacotian)
21D, TIME OF INJURY	(Month) (Day) (Year)		21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		While At At Wa		10	911 /
22. I cert	fy that (I) (thi s hospita	attended the deceased fram	74	19 6 Ota	Way 4 1969
that (I) (y	last saw the decease	ed alive an Mary	5 9 69 and	that in(my) (out) a	pinian death accurred an the de
and hour	and fram the causes sta	ted abave. (1) (We) (did) (did nat)	view the bady after death	•	
23A. SIGN A	TURE d / 1/	1/1 /	/	c. #	23B. DATE SIGNED
MA	iced Wi		mys. Med. Director	Staff Phys.	May 6 116
130:PHYSTO NAME	(Type) Dr. Dona:		23D. ADDRESS 3009	9 Evergree	n Ave.
24A. BURIAL C	REMATION, 24B. DATE	24C. NAME of CEMETERY OF C		LOCATION	City, tawn, or county) (State)
Buri		New Cathedral	. Cemetery I	Baltimore,	Md.
25A. DATE REC	D BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTS	SEuperal H	ADDRESS
	WAI 8 1969	CREET E. JELLE	Medical Directors of the Control of	rehms Lane	ome, inc.



3211	69 4748 CERTIFICATE OF DEATH REG. NO. 69 4748						
P q p q	BIRTH NO.						
deat deat cease on th	1. NAME OF DECEASED (Type or Print) William 4. Fitz genuld 2. DATE AND HOUR OF DEATH "May 6,1969 11=30a. A						
spite of) De ice eath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
a ho ause e; (5 ndan	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?						
ting c d caus d caus r atter prior 1	Montebello State Hospital E. STREET AND NUMBER 3808 OSEENMANNTAIR.						
ntribu rmine egulai ased	5. SEX 6. RACE NEVER MARRIED NEVER MARRIED DIVORCED 9. AGE (In years lost birthday) Nonths Oays Hours Min.						
dete in r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY 14. CL						
if dect o 4) Un was the c sposit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
istant he dir cind; (death ce on nal dis	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.						
- +							
any if	BETWEEN ONSET AND DEATH						
So of	LEADING TO DEATH Source Country (Source Count						
T a S E E	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE CAUCH UT (COUNTY) (This does not mean the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE OF:						
er. ctu pro pro lar	injury or complication which caused death,)						
fra fra em le m	ANTECEDENT CAUSES Cause unknown -						
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
(3) (3) in in in	tise to the above cause (A) stating the UNDERLYING CONDITION (ast. (C)						
dica cal ns; icia icia							
edice burn hys n w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
A B B B B B B B B B B B B B B B B B B B	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED						
chi Bo Bo th th ysi	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?						
tal by; (2) here to ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about location) 21C. WHERE DID (If In Baltimare City, give exact location) (If In Baltimare City,						
by with the by	D 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OLD INJURY OCCUR?						
hos nat ept d (6	While At Work At Work						
S x x E te	22. I certify that (1) (this haspital) attended the deceased from 4-14 1969 ta 5-6 1969						
of a of a l	that (1) (we) lost saw the deceased alive on 5-6 1969 and that in (my) (our) apinion death accurred an the date and hour and from the causes stoted abave. (1) (We) (did) (did not) view the bady after death.						
dent dent ospit dent must	23A. SIGNATURE 23B. DATE SIGNED						
ccided to d	Cecu I Illuració Mod. Director Phys. Staff Director Phys. 5-6-69						
ifficate y was re 1) An ac 3.A. at a d prior	Cecu / Illuracio EM Director Director Phys. 5-6-69 23C. PHYSICIAN'S NAME (Type) Cesan J-lellerano My. 23D. ADDRESS NAME (Type) Cesan J-lellerano My. Montabello fespidal						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)						
This cer the bod shows: was D.C decease	B/9/Baurial 5/9/69 Peninsula Cemetery Wheeling, West Vinginia 25A. DATE RECD BY HEALTH DEPT. 125B. NAME OF REGISTRAR (emetery 1250 FUNERAL DIRECTOR ADDRESS						
This the show was decompleted	MAY 8 1969 Q Q & F & Ballow Man Inc. 3000 E. Balton Sta						

B/9/Bguria 25A. DATE RECT BY HE MAY 8 Cemetery Wheeling, West Virginia ADDRESS

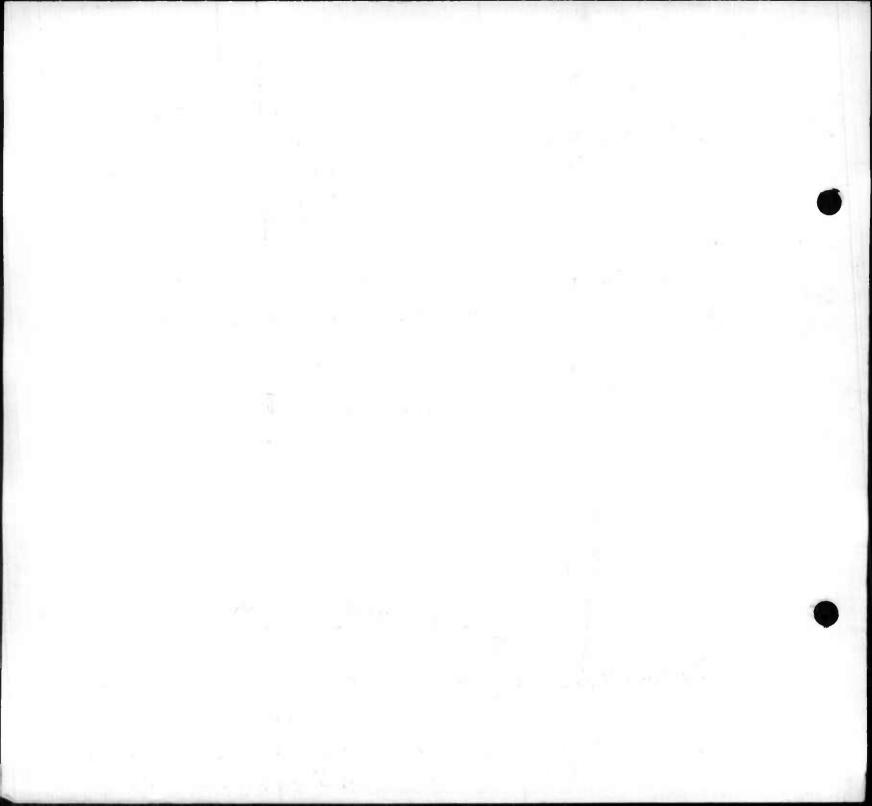
250 FUNERAL DIRECTOR 3000 & Balton St HEALTH DEPY. 1969 PONISHAR 8 1969 R. D. & E. Kall John A. Modan, Inc. 3000 E. Balto, St.

VS 150-REV. 1/1/6B

ENTER THE PROPERTY OF MARKET

VS 150-REV. 1/1/68

	RTH NO. 69 4749 CERTIFICA	HEALTH DEPARTMENT X REG. NO. 69 4749	
	RTH NO.	TE OF DEATH A REG. NO.	
	NAME OF DECEASED (pe or Paint)	2. DATE AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence belore admiss a. STATE 8. COUNTY	M.
FUH	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CCITY ORTOWN D. INSIDE CITY LIMITS?	3-
	Mo.GER HOSP.	BALTICER YES NO	
1	48 BALTO, NO.	E. STREET AND NUMBER BOLZ BORG 21227	
5.	SEX 6. RACE 7. MARRIED 4. NEVER MARRIED	8. DATE OF, BIRTH 9. AGE (In years If Under 1 Yr If Under 24	Hrs.
1	WIDOWED DIVORCED	10 737	in.
10/	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COU	NTRY
11	Housewife own Home	The same	
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
2	FRORCE I KLOIC	Albertal. Hampton	
(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS	
L	NO 217-34-4719	17. INFORMANT ADDRESS GEOIGE KIEIN 5516 Gunth vAre.	
	18. 451.9 CAUSE OF DEATH	APPROXIMATE INTERV BETWEEN ONSET AND D	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7	
	heori failure, asthenia, etc. It means the disease.	SE MULTIPLE PLATICULARY A CONSEQUENCE OF:	-
	injury ar camplication which caused death.)		
	ANTECEDENT CAUSES	DORD THOOTISE PHILEDISTS	
	rise to the above cause (A) stating the	A CONSEGUENCE OF:	
	ONDERLING CONDITION last. (C)		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	+:	
5	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	-
CERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (notify medical examine)		
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21E HOW DID INJURY OCCUR?	
	(APPROX.) While At Not While Work At Work		
		128 1969 to 5 5 196	1
	that (1) (we) last saw the deceased alive an	19 6 and that in (my) (our) opinion death occurred on the	date
	and haur and from the causes stated obave. (1)(We) (did) (did not) vi	ew the bady after death.	
,	23A. SIGNATURE	ding Med. Staff	
	DEGREE PHYS	Director Phys. L	
	NAME (Type)	3D. ADDRESS	
244	DEGREE BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	701 ST. PAUL ST.	
	REMOVAL (Specily) 5/0/10 4 1 0 0 4	MATORY 24D. LOCATION (City, town, or county) (State	e)
25A	DATE REC'P, AY, HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	
	MAY 8 1969 (20905 32 06 12)	25C. FUNERAL DIRECTOR ADDRESS ADDRESS	
		The state of the s	77.0



rred in a hospital and soluting cause of death red cause; (5) Deceased ar attendance on the prior to death. Such	3. FU HO	PLA
ssistant if death occur the direct or contril kind; (4) Undetermin death was in regu nce on the deceased	13.	MA ALUSI PR FATI WA Was
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION	OTHORSE STATE OF LAND
This certif- the body varieties (1) was D.O.A deceased written ap	24A] 25A	BUT BUT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH E OF DECEASED 2. DATE AND HOUR OF DEATH r Printl FINK, WALTER LEE, JR MAY 6. 1969 2:30Pm. 4. USUAL RESIDENCE (Where deceosed lived, If institution residence before admission)
A. STATE
B. COUNTY CE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Howard MARYLAND TAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? XXXXXXXXXXXX Elkridge NOX YES -ST. AGNES HOSPITAL E. STREET AND NUMBER 2009 EUCLID AVE. 21227 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In veors If Under 1 Ys. Il Under 24 Hrs. ost biethday F WHITE WIDOWED DIVORCED UAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? ring most of working life, even if refired) LINOTYPERS INTER MARYLAND U.S.A. HER'S NAME 14. MOTHER'S MAIDEN NAME LTER XXXXX Lee Fink, Sr. EMILY (NOE DOYLE) Deceased Ever in U. S. Armed Forces? or unknown! | Ilf yes, give wor or dotes of service! 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. ST. AGNES HOSPITAL RECORDS WWII 216-20-504 CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE is does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF orl foilure, osthenia, etc. It means the disease, my or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: EASES OR CONDITIONS, if any, giving lo the abave cause (A) stating the DERLYING CONDITION last 11 ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL ASE OR CONDITION GIVEN IN PART 1 (A). 198 CONDITION FOR WHICH OPERATION DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (II In Boltimore City, give exoct location) TH (notify medical examined TIME (Month) (Doyl (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At r PROXJ Work I certify that (I) (this hospital) attended the deceased from APRIL 69 MAY (I) (we) last saw the deceased olive on_ and that in (my) (our) opinion death occurred on the date hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter death. SIGNATURE 23B DATE STONED Attending 9 PHYSICIAN'S NAME (Type) 23D. ADDRESS BALTO, MD 21229 ROLANDO DEL ROSARIO ME HOSP: CATON & WILKENS AVES. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Buria1 5-9-1969 Baltimore National Cemetery Baltimore, Maryland 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

25A. DATE REC'D BY HEALTH DERT Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

Marie I

Page 10 to 1

n a garagementaria per tida esta en

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

written approval must

22A. SIGNATURE

Such

on the

attendance

		69	47	BALTIMORE CITY	HEALTH DEPARTMENT		CO	AMICA
		00	7/1	CERTIFICA	TE OF DEATH	REG. No	o. 69	4701
	TH NO.	ASED			2. DATE	AND HOUR OF D	EATH	
{Тур	e or Print) M	oler, Mrs. T	helma	Resa	5.	-7-69		11:13 AM N
3. P	LACE IN BALT	MORE MARYLAND, WH	IERE PRONOL	NCED DEAD		Where deceased lived	1. If institution:	residence before odmission
-1	FKY TI	THE HOT IN HOSPITA	AMI	HON GIVE STREET	Maryland /3-07			
HOSPITAL OR ADDRESS OR LOCATION) 5-12-69		C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO						
/K	eswick	Home for Inc	urable	s	700 West 4			
5. S		6. RACE	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	s If Un	der 1 Yr. If Under 24 Hrs.
F	emale	White	WIDOWED	DIVORCED	11-29-96	lost birthdoy	744011111	is boys mours will.
					11. BIRTHPLACE (State of	foreign country)	12. Cf	ITIZEN OF WHAT COUNTRY
done	Housew	vorking life, even it retired)	3		Baltimore,	Maryland		USA
13. [FATHER'S NAM				14. MOTHER'S MAIDEN	· ·		ODA
	Lawrenc	e Lowery			Rosa Strau	5S		
15. \	Wos Deceosed	Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT ADDRESS			ADDRESS
	no or unknown)	(If yes, give wor or dotes	of service	216-10-8322	D w 73	D DN	T T/	
	18.			CAUSE OF DEAT	111 0 0 00	Deponai RN	V	eswick APPROXIMATE INTERVAL
	W 44 5	E OR CONDITION DIR	ECTLY	CAUSE OF BEAT		1		BETWEEN ONSET AND DEATH
		LEADING TO DEATH	CILI		- tarkingai	s Discose	2	12
	heorl loilure,	of meen the mode of osthenio, etc. It meens	the discose,	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:			16.21.2
injury or complication which coused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES					Archie Card	Wascolal &	750950	4 urs
	DISEASES O	R CONDITIONS, if .	nv. giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the	obove couse (A)		14.24	nyrindism			Eurs
	UNDERLYING	CONDITION lost.		(c) 10-1 be 7.	vd10id12MO	*************		3.4.5
z	071150 0101115	-	ITOIDUITING	The state of the s	(11)			1.
5	TO THE DEAT	ICANT CONDITIONS CON H BUT NOT RELATED TO TH	E TERMINAL	Unbilic	al Herna			unkvoun
CA		OPERATION 198 COND		VHICH OPERATION	20A. AUTOPSY? (Yes	No) 208, IF YES.	WERE FINDING	GS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?				F DEATH?				
AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)			fice bldg., INJURY OCCU	D (If in Bo	oltimore City, g	give exact location)	
0	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED le At Not While At Work		INJURY OCCUR?		
	22 consider	that (1) ((his haspital)			23 JAH	19 6 H ta	7 40	10 69
	TT. I CELLILA	mai (1) ((iiis maspiral)	differenced th	ie deceased tram		17	was a second	

23C. PHYSICIAM'S NAME (Type) Dr. A. 405 Street Richardson Keswick 700 West 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote) Co. Maryland 5/10/69 Baltimore, Burisl 25A. DATE REC'D BY HEALTH DEPT. MAY 8 1969 ADDRI EUNERAL DIRECTO VS 150-REV. 1/1/68

Attending Phys.

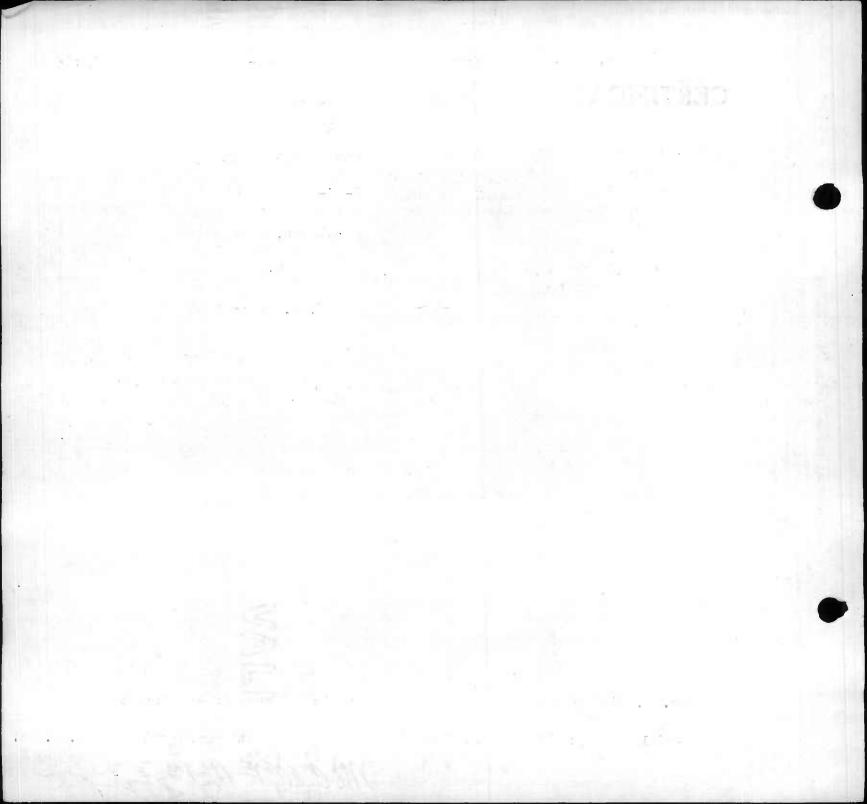
23D. ADDRESS

Med. Director

Staff Phys.

23B. DATE SIGNED

and haur and fram the causes stated abave ((i) (We) (did) (did nat) view the bady after death.

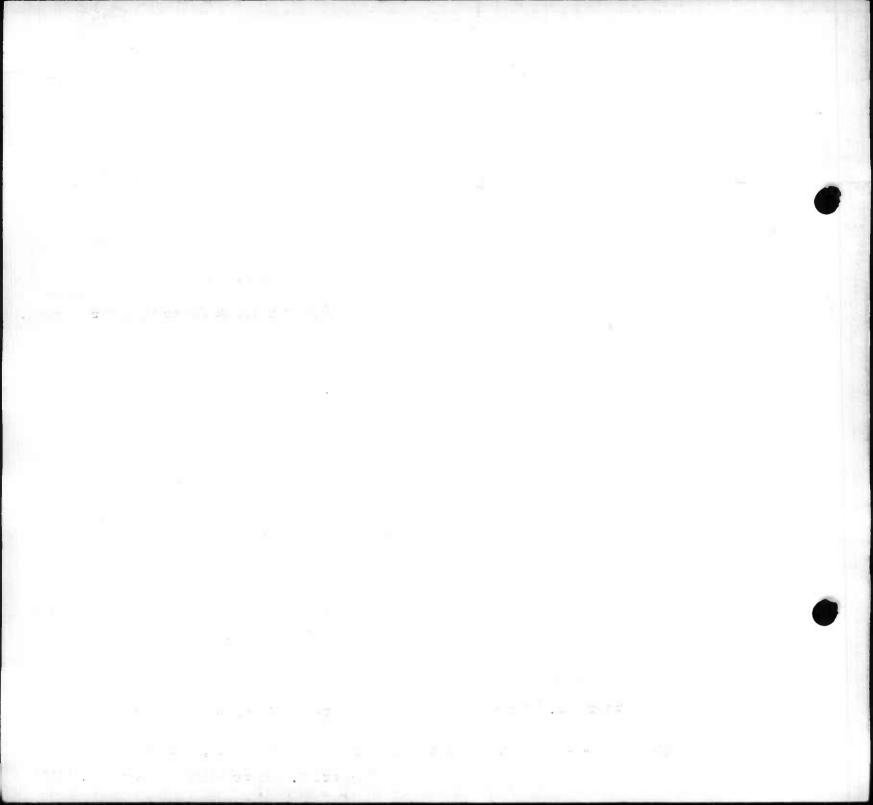


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BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO.	69	4752
		UU	

BIRTH NO. 1. NAME OF DECEASED (Type of Print) 2	ATH REG. NO.	9 4752
1. NAME OF DECEASED (Type or Print)	DATE AND HOUR OF DEATH	
PAUL LEWIS FAULKNER	5/6/69	5:20 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDE	NCE IWhere deceased lived. Il institu	ution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION) C. CITY OR TOWN	NO BALT CITY	27-16 CITY LIMITS? ?
DUNIVERSITY OF MUD HOSPITTAL E. STREET AND N	NUMBER	ES NO [
MARRIED NEVER MARRIED STATE OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OF	7 Post birthdoy) 61 M	Il Under 1 Yr. Il Under 24 Hrs. Aonths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISI done during most of working life, even it retired) WORKED AT GAS + ELEC	- W, Va.	2 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MA	UDEN NAME	0 371
KYLE FAUL KNER NANN	ILE LESLIE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles al service) 16. SOCIAL SECURITY NO.		ADDRESS 21227
Unknow .	Garnett Faulkner	2794 VirginiaAve.
18. 3 7 5 7 1 CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	F PULMONARY GU	BALL IMMED
(This does not meon the made of dying, e.g., heard failure, asthenia, etc. it means the disease,	Fi	Pice 3 Point B,
injury ar camplication which caused death.)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, if any, giving (B) NTRACTALE CONSEQUENCE	UGESTIVE HEART F	ALLURE 3MO
rise to the above cause (A) stating the		
UNDERLYING CONDITION lost, (C) ADRTIC STENOSIS		YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY IO. B. ID. OF OPERATION 21A. ACCIDENT WAS UNDERLYING 1		
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSYS	(Yes or No) 208, IF YES, WERE FINE	DINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSE	S OF DEATH?
	RE DID / //I In Rollimore Ci	ity, give exoct location)
	CCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW		
= IOF INJURY	DID INJURY OCCUR?	
IAPPROX.) While At Not While Not While At Work		
22. I certify that (1) (this hospital) attended the deceased from 5 1- but	19 <u>69</u> ta 5 -	le 19.6 9
that (II) (we) last saw the deceased alive an 5-6-19 (09		17.4
The state of the deceased dive on	and that in (my) (aur) apinior	n death accurred an the date
and have and from the causes stated abave. (i) (We) (bld) (did not) view the body after		
23A. SIGNATURE		B, DATE SIGNED
Rathryn & hulesell MD DEGREE Phys. Attending Direct	tor Stoff Phys.	5/0/10
23C. PHYSICIAM'S NAME (Typel 23D. ADDRESS		10169
	y of Maryland Hosp	ital
DECREE		
REMOVAL (Specily)		own, or county) (Stote)
Burial 5-9-69 Loudon Park Cemetery	Baltimore, Maryl	
25A. DATE REC'D BY HEALTH DEPT. MAY 8 1969 Color E. Sarber M. 125C. FUNERAL E. Howard H.	ыксток Н., Hubbard 4107 Wil	ADDRESS Lkens Ave. 21229
VS 150-REV. 1/1/68		



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69 4753 BALTIMORE CITY HEALTH DEPARTMENT

69 4753

DIDTH NO		WEL	DICAL E	:XAMI	MER'S	CERTIFI	CAT	E OF	DEAT	H REG. NO.		1700
I. NAME OF DEC	CEASED					II2. DATE		wn XX	Month	Doy	Yeor	Hour
(Type or Print)		DIT	VCA ID			OF		moted	5	4	69	9:35 a
4. PLACE IN BAI	JOHN LTIMORE, MA		KSA JR		DEAD	DEATH 3. DATE	E 5 11		Month	Doy	Yeor	9:33 a
FULL NAME OF			AL OR INSTITU			PRONO	UNCED	DEAD		Doy		
HOSPITAL OR INSTITUTION	ÀDDRE	SS OR LOCA	TION)			5 UCHAL D	FCIDEN	CE /140	May	4,	1969	9:35 a
		Agnus				A. STATE	ESIDEN	CE (Where	deceosed In	B. COUNTY	: residence b	efore odmission)
		ARGUS		tal D.				ryland			Howard	63-00
6. SEX	7. RACE		8. MARRIED	NEVER	MARRIED _	C. CITY OR	TOWN			D. INSIDE CI	TY LIMITS?	
Male	White	e	WIDOWED	□ D	IVORCED [Ва	alto.		YI	ES 🗌 I	10 x 00
DATE OF BIRT	TH	10. AGE (I		Under 1 Yr. If	Under 24 Hrs. Haurs Min.	E. STREET	AND N	UMBER			1	
Dec. 1, 1	1930	38 3				3155	5 W.	Sprin	g Dr.	Ellicot	t City	
1. BIRTHPLACE (State or foreig	n country)		CITIZEN O		13. FATHER			0			
West	Virgini	a	U	WHAT COL	INTRY?	Joh	n Bui	ksa				
4A.USUAL OCCU	JPATION (Give	e kind of work							ΛĒ			
Sales Mar		en ifretired)	Aluminu	m Co		Free	***	Skita	malia			
6. WAS DECEAS		II S ARMET		17. SOCI	ΔΙ	18. INFOR				Δ. ΔΙ	DDRESS	W.A
Yes, no or unknown	(If yes, give w	var or dotes	of service)	SECU	RITY NO.				ott Ci	-		Md.
yes							mary	A. Bu	KSa)I	55 W. Sp		PROXIMATE INTERVA
41	12,4				USE OF DEA						BETW	EEN ONSET AND DE
DISEAS	SE OR COND	ITION DIRE	CTLY	A	rterios	sclerot:	ic c	ardiov	ascula	ir diseas	e	
	LEADING TO	DEATH		11)IMMEDIATE	CAUSE						
(This daes r	not mean the e, osthenio, etc.	mode of dy	ing, e.g.,	(>		AS A CONSEC	UENCE	OF:				
injury or cor	mplicotian which	h coused de	oth.)									
	NTECEDENT			(E	B)	AS A CONSE	OHENC	E OE.				
RISE TO TH	OR CONDITION	USE (A) STA	TING THE		DUE TO, OK	AS A CONSE	QUENC	E OF:				
Z UNDERLYII	NG CONDITI	ON LAST.		(0	2)				*			
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OTHER SIGN	NIFICANT CON	IDITIONS C										
DISEASE OF	ATH BUT NOT			.L								
OTHER SIGN TO THE DE DISEASE OF	F OPERATION	1 20B. COI	NDITION FO	R WHICH O	PERATION W	AS PERFORA	MED				21. AUTO	PSY? (Yes or No)
5)												YES
₹ 22Å. EXTER	NAL CAUSE	WAS	22B	PLACE OF	INJURY(e.g.,	in ar obout 2	22C. WH	HERE DID	If in Baltima	re City, give exc		IEO
UNDERLYING	G OR CON	TRIB-	han	ne, farm, focto	ory, street, offic	e bldg., etc.) I	NJURY	OCCUR?	(11 11) DOMINIO	re City, give exc	er raconany	
	AUSE OF DEA		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	005 51111101			205 410		turny a co	100		
OF INJURY	(Manth) (D	ay) (Yeo	r) (Hour)		OCCURRED		ZZF. HO	W DID IN	JURY OCC	JR?		
(APPROX.)			m.	WHILE AT WORK		VORK						
23.												
I cert	tify that I he	eld on l	nquiry 🔲	Inspecti	ion Au	topsy XX	ond	that an th	nis basis,	deoth in my	opinion	
resul	ted from: N	otural cau	sesXX	Accident [Suici	de H	omicide		Undetermi	ned monner		
	0	0	111	11			CHIEF /	MEDICAL E	XAMINER			
ACTUAL	1#	2 1	+11	1,								DATE SIGNED
SIGNAT			10	1	M.[).		MEDICAL E				
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NAME (d F. W			CDEALATO) DV	Lour	LOCATION	10		/69
24A. BURIAL CRE. REMOVAL (Speci		4B. DAIL	2	AC. NAME	of CEMETERY	or CKEMAIC	JKT	24D.	LOCATION	(City, town	n, ar county)	(State)
		May 7	1969	Lorre	ine Cem			Wo	odlawn		M	d.
25A. DATE REC'D	BY HEALTH	DEPT		E OF REGIS			FUNER	AL DIRECTO			DDRESS	
	MAY 8	1202	(R.D.	et E.	Farbe	UM DG.	Tru	man So	hwab 5	151 Balt	o. Nat	ional Pik
			1 000	1 1	-	7			3			
/S 151-REV. I/I/6I	R		1 9	0 7	UU	1	1	6 4	3			

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Dec. 1, 1930

Vest Virginia U. S. A.

Sales Neg-

Aliceton Co.

Frances Editarelia

John Hokon

Milionth City

Han. Mary & Balen 3155 W. Spring St.

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In intosheent May 7, 1969 Lorreitas Can.

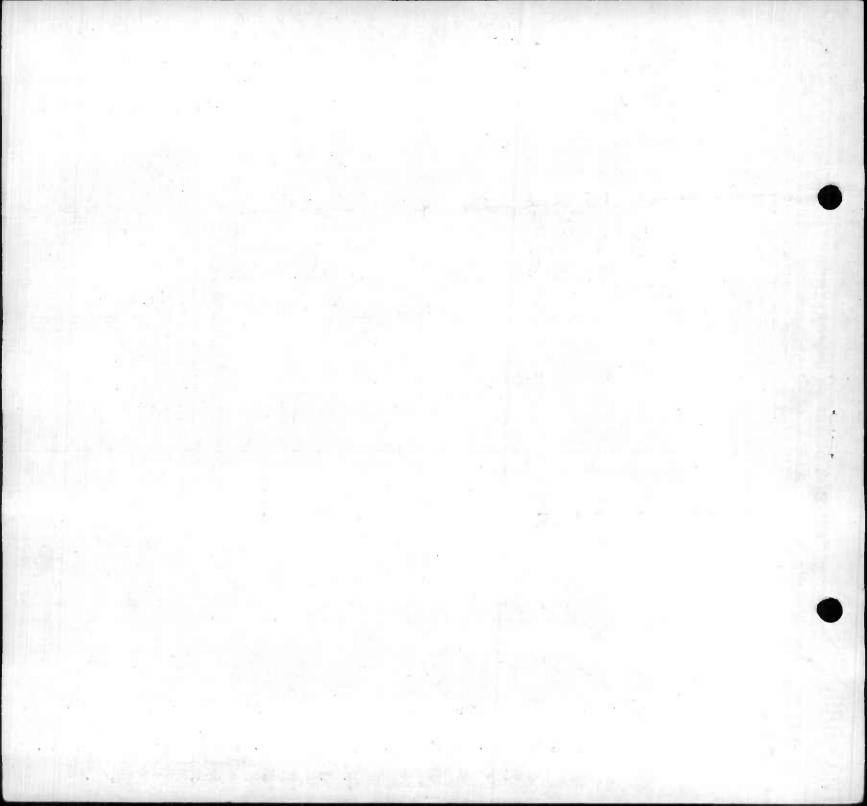
G. Truman Schwab 5151 Salto, marke

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

69	IIUI	HEALTH DEPARTMENT REG. NO.	69 4754
BIRTH NO. 69-17911	CERTIFICA	TE OF DEATH	
(Type or Print)	OV DOV Present W 6	2, DATE AND HOUR OF DEAT	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceased lived, If	institution residence before admission
SULL MALLE OF US MOT IN COURSE		MARYLAND 77 7/4	F 2
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	INSTITUTION, GIVE STREET	Ba/10. L	
NSITE TON		BALTIMORE	ISIDE CITY LIMITS?
> ST AGNES HOSPITAL		E. STREET AND NUMBER	YES NO
		928 BARDSWELL RD	
SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In veors	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OWED DIVORCED	05 01 69 lost birthdoys	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KII	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even it refired)			
INFANT		MARYLAND 14. MOTHER'S MAIDEN NAME	USA
		THE STANDEN NAME	
PAUL F SPIEGEL	16. SOCIAL	MARTHA BAUMGART	
. Wae Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.	17. INFORMANT	ADDRESS
		ST AGNES RECORDS	
18-7 4613 1	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			To 1
Chis does not meen the mode of dying,	(A) IMMEDIATE CAU		LIVA Ldgy
heart failure, asthenia, etc. Il means the dis	ease,	CONSEQUENCE OF:	
injury ar complication which caused death.)			
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if any,	DUE TO, OR AS	A CONSEQUENCE OF;	***************************************
rise to the abave cause (A) sloting UNDERLYING CONDITION lost.	(c)		
11	(\(\sigma\)		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (AL.	ING		
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?
		YES IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 BLACE OF INTURY		
OK CONTRIBUTING CAUSE OF	home form factory street off	or obout 21C. WHERE DID (II In Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	home, form, factory, street, off	or obout 21C. WHERE DID (II In Boltim	ore City, give exact location)
210-TIME Month (Doyl (Year) (Hour)	home, form, factory, street, off	or obout 21 C. WHERE DID (II In Boltimice bldg., INJURY OCCUR?	ore City, give exact location)
210-TIME Month (Doyl (Year) (Hour)	elc.) 21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?	ore City, give exact location)
21D-TIME IMonth) (Doyl (Year) (Hour) (APPROX.)	Pome, form, factory, street, off elc.) 21E INJURY OCCURRED While At Not While Work	21F. HOW DID INJURY OCCUR?	
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DEATH (notify medical examined 21D.TIME Month) (Doyl (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (M (this hospital) attendated that XIX (we) last saw the deceased alive	home, form, factory, street, off elc.) 21E INJURY OCCURRED While At Not While At Work ded the deceased from M an MAY 2	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? AY 1	AY 2 169
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21D.TIME Month (Doyl (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (M (this hospital) attended that XIX (we) last saw the deceased olive and hour and fram the causes stated above 23A. SIGNATURE	home, form, factory, street, off elc.) 21E INJURY OCCURRED While At Not While At Work ded the deceased from M an MAY 2 ve. (1) (We) (did) (did not) vi	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? AY 1 1969 to M. 1969 and that in (m) (our) opew the body after death.	AY 2 169 Sinion death accurred on the date
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21D.TIME IMonth) (Doyl (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (M (this hospital) attend that XIX (we) last saw the deceased of the and hour and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) JOHN K WEAGLY, M.D.	home, form, factory, street, off elc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased from M an MAY 2 ve. (1) (We) (did) (Mid Not) vi	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? AY 1 1969 to M. 1969 and that in (m) (our) or ew the body after death. Iding Med. Shaff Director Phys. 50 3D. ADDRESS WILKENS & CATON AVE.	AY 2 169
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DEATH (notify medical examined 21D-TIME Month) (Doyl (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (M (this hospital) attended that XIX (we) last saw the deceased olive and hour and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typp) JOHN K WEAGLY, M.D. A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial May 5.1969	home, form, factory, street, off elc.) 21E INJURY OCCURRED While At Not While Man Not While At Work ded the deceased from Man MAY 2 ve. (1) (We) (did) (did not) vi DEGREE Phys. 12 DEGREE AC. NAME of CEMETERY of CREI LOTTAINE PARK COMME OF REGISTRAR	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? AY 1969 and that in my (our) or ew the body after death. Iding Med. Shaff Director Phys. D 3D. ADDRESS WILKENS & CATON AVE.	23R DATE SIGNED 23R DATE SIGNED 146 Sily, town, or county) (State)

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20	03 4755	ATE OF DEATH REG. NO	69 4755					
sed the the	BIKIN NO.	TE OF DEATH /	1700					
deat ease n th Suc	1. NAME OF DECEASED Lee DAVIS	2. DATE AND HOUR OF DEATH 3.	5 PM					
F 0 0 F	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If ins A. STATE B. COUNTY	titution: residence before admission)					
5) nc lec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Mo Frederick Co	60-00					
D T	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN KNOXVILLE D. INSID	DE CITY LIMITS?					
ng ca cause atten	38 IMINERSITY HOSP.	E. STREET AND NUMBER	YES NO					
		R.F.D # 1 BOX	127					
200	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours; Min.					
ermin regulessed is ma	WIDOWED DIVORCED	3-31-85 .84						
U + _ U E	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
or nde	Houseurfe	1110.	U.S.A					
ct U	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
dire d; (4 nth \ on t disp	James William Jenkins	Elisa Waddell						
9 9 9 9	15. Was Deceased Every U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
tab Sit	No 213 50592719	2	ABOVE)					
any any ced nda	IB. CAUSE OF BEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
000	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	70% -31d do care 1	KIN					
onon onon alme	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	A CONSEQUENCE OF:						
pro pro lar	injury or complication which coused death.)	0	TO MAN DE LA COLOR					
fre ho	DISFASES OR CONDITIONS If any Due TO, OR AS A CONSEQUENCE OF:							
8 3 - 7	DISEASES OR CONDITIONS, if any, arming DUE TO, OR AS	A CONSEQUENCE OF:						
(3) (3) (3) (3) (3) (3)	UNDERLYING CONDITION last, (C)							
rns sici wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION							
phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		### #### • # # # # # # # # # # # # # # # # # #					
dy dy	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	INDINGS CONSIDERED					
by 62) Bore the physical fore 1	U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,	No						
at b (2) lere o pl	OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	office bldg., INJURY OCCUR?	City, give exoct location)					
A Z A	O 21D. TIME (Month) (Day) (Yeer) (Hour) 21E, INJURY OCCURRED	21F. HOW DIO INJURY OCCUR?	6000					
of ut of of other of other oth	E (A PRECY) - 5 / C 5 / While At Not Whi	10 1						
y n kce nd	22. I certify that (1) (this haspital) attended the deceased fram		5-5 10 65					
the any (ex ; ar		3-3 19 6 7 ta	ian death accurred on the date					
sed to ent of spital eath) ust be	and haur and from the causes stated above. (1) (Wo) (did) (did not)	•						
ident of ident of hospital o death)	23A. SIGNATURE		23B, DATE SIGNED					
	Kang & holder 115 DEGREE Phy	ending Med. Staff	5-5-69					
ac ac	2 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1 50 14 1					
was r An a A. at prior	GARY L. /VOBELGEGREE	Ilminulasi 1 AM	opp out Mo					
P C O B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		y, town, or county) (State)					
MS: MS: D. Beds	Burial May 9m 1969 St. Paul's Ceme	tery Pt. gf Rocks Fr	redepick Md.					
the body shows: (1) was D.O./ deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Nousell 7	1 Factoriess					
- ← v > O >	VS 150-REV. 1/1768	Ebchison & Son, Fred	nerick,Md.					
	V3 130-16-17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18							

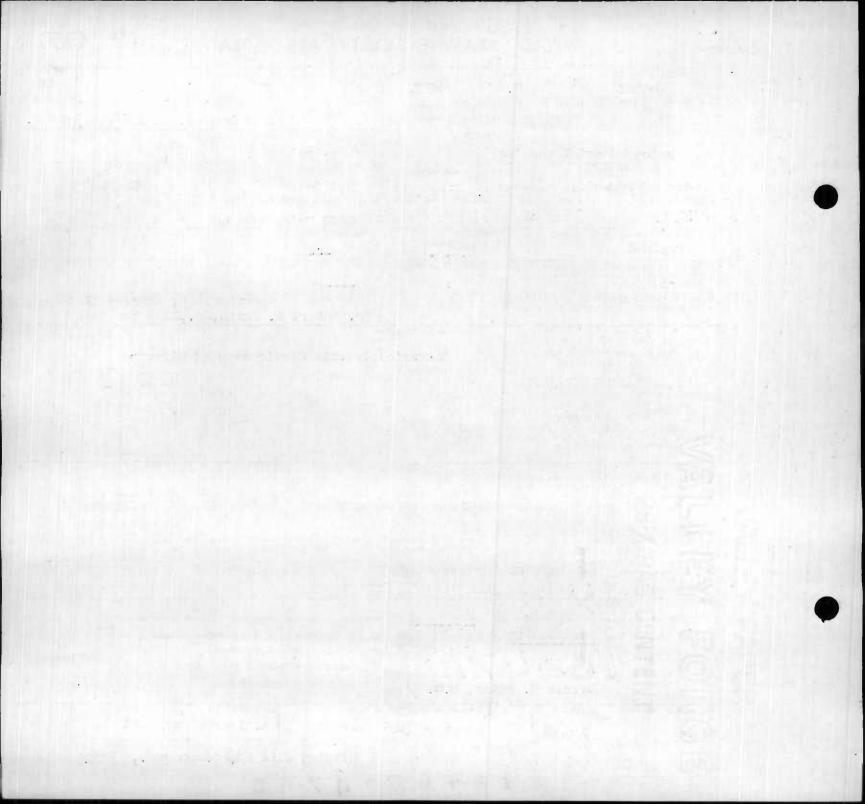


S-530 5

69 4756 BALTIMORE CITY HEALTH DEPARTMENT

710	0				0	0
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	6	J

	2/		UU	4/	JO BALTIMORE CI		ALIII DEI AK	· MLIA ·			00	A payment
			MED	ICA	EXAMINER	'S C	CERTIFIC	CATE OF	DEAT	H REG. NO	69	4756
BIR	TH NO.											
1, I (Typ	NAME OF DEC	ERT		E.	SMITH	ı I	2. DATE OF DEATH	Known Estimoted X	Month	Doy	Yeor	Hour M.
_			ARYLAND, W	HERE P	RONOUNCED DEAD		3. DATE		Month	Doy	Yeor	Hour
FUL	L NAME OF	(IF NO		LORINS	TITUTION, GIVE STREET		PRONOU	NCED DEAD	May	5,	1969	1:00 P _M
OR	INSTITUTION					-	5. USUAL RE A. STATE	SIDENCE (Where		B. COUNTY	residence	before odmission)
7	Union	n Memo	rial Ho	spit	al		Mary	land		B. COUNTY	13	-07
6. 5	SEX	7. RACE		8. MAR	RIED NEVER MARRIE	ED 🗍	C. CITY OR	NWO		D. INSIDE CIT	Y LIMITS?	
	male		ite		WED DIVORCE	ED 🔽		imore		YE:	s X	NO 🗆
	DATE OF BIRTH $\frac{1}{2}$	H	10. AGE (In lost birthdo	yeors V4	If Under 1 Yr. If Under 2 Months Doys Hours			ND NUMBER 7 Union A	venue			
11.	11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S	NAME	Venue					
			1. 1. ()	1 (0 1(101)	U.D.A.			**				
	e during most of w Guard			14B. KINI	O OF BUSINESS OR INI	DUSTRY	15. MOTHER	S MAIDEN NA	ME			
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCE	S? 17. SOCIAL		18. INFORM	ANT Ja	cksonv	ille, FP	BRESSE	32216
(Ye	s, no or unknown)	(If yes, give	war or dates	of service	SECURITY N	10.	Mr. Ro	bert E.				
	19.	5 /		_	CAUSE O	F DEAT				20,000	Al	PPROXIMATE INTERVAL
	11	4.4										VEEN ONSET AND DEATH
		E OR COND LEADING TO	DITION DIREC	CTLY	Arte	erios	scleroti	ic Cardio	vascul	ar Disea	se	
			mode of dy	ina. e.a	(A)IMME		AUSE AS A CONSEQU	IENCE OF.				
			c. It meons the		5021	10, OK 2	AS A CONSEGR	DENCE OI.				
	injory or con	iipiicolloli wiii	icii coosea ac	,,,,								
	AN	NTECEDENT	CAUSES		(B)							
	DISEASES O	OR CONDITI	ONS, IF ANY	GIVING	DUE T	ro, or	AS A CONSEQ	UENCE OF:				
-		G CONDIT		11110 1111	(c)							
Ó					(0)							
CERTIFICATION	TO THE DEA	ATH BUT NO	II NOTIONS CO TRELATED TO	THE TERM	MINAL							
E			N 20B COL		FOR WHICH OPERATION	ON W	AS DEDECIDAN	-n			21 AUTO	PSY? (Yes or No)
CER	A DAIL OF	OFERANO	14 200. COI	4DIIIOI	TOR WINCH OF ERAIN	014 117	AS FERFORM				21. AUTO	
	0					/			66			No
MEDICAL	LINIDEDLYINIC		ITRIB-		22B. PLACE OF INJUR home, form, foctory, stre	RY(e.g., eet, office	e bldg., etc.)	JURY OCCUR?	(If in Baltimo	re City, give exoc	t locotion)	
Σ			Doy) (Year	·) (Hou	22E.INJURY OCCU	JRRED	22	F. HOW DID IN	JURY OCC	UR?		
	(APPROX.)				m. WHILE AT WORK		WHILE O					
	23.	16. al = a 1 l	-14 1		Inspection X	ł	tapsy 🔲	au d Abas au s	hie heeie	death in my		
			neld an I			-				death in my d	ipinion	
	result	ted fram	Natural cau	ses XX	Accident	Suicld		micide 🔲		ned manner L	J	
	ACTUAL		12,119	1	Mit	/	ASSIS	TANT MEDICAL				DATE SIGNED
	SIGNATI		000			-M.D	-					5/6/69
	EXAMIN NAME (T	ype)		U. S	ptz, M.D.			CIATE MEDICAL				
RE	A. BURIAL CREA MOVAL (Special		24B. DATE		Lorraine				LOCATION	3/ 3		(Stote)
- 0	rial		5/9/69			Latik						
25.	A. DATE REC'D	BY HEALTH	DEPT.	25B. I	NAME OF REGISTRAR			UNERAL DIRECT			DRESS	1200
	MA	N 8	1969	10	0 46 4.	0000	W162	ke, 4101	Editon	deon was	• , 2	1229
V5	151-REV. 1/1/68	3		700 100	1 6 7 0		0 1	7 11 1	3			1

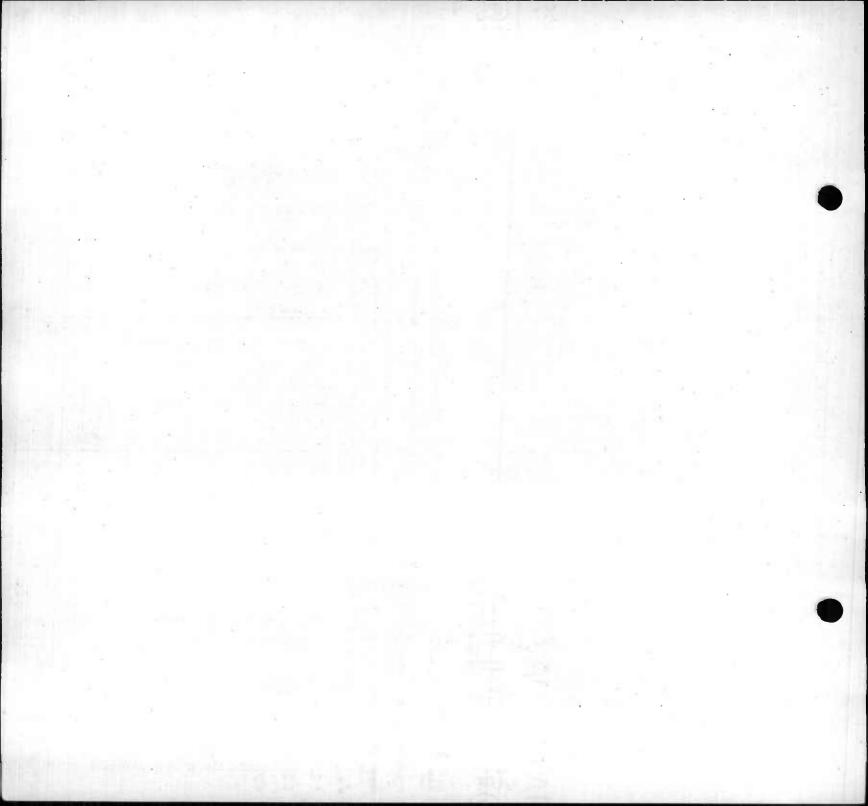


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	(0)	69	475	BALTIMORE CI	TY HEALTH DEPARTMENT			
BIE	TH NO	00	4/0	CERTIFIC	ATE OF DEATH	REG. NO	-69	4757
1.1	AME OF DECEA	SED			2, DATE	AND HOUR OF DEATH		
				THELMA V		5-6-69		9:10A M
3.	PLACE IN BALTIM	ORE, MARYLAND, WHE	RE PRONO	JNCED DEAD	4. USUAL RESIDENCE (W. A. STATE & CO	/here deceased lived, if i	nstitution: resider	nce before admission)
FU	LL NAME OF	(IF NOT IN HOSPITAL	OR INSTITU	JTION, GIVE STREET	MARYLAND.	BALTIMORE	16	-08
IN	NOITUTITE	ADDRESS OR LOCATION	UN)		C. CITY OR TOWN		IDE CITY LIMITS	?
21		ES HOSPITAL	_		BALTIMORE		YES X	NO
10	WILKENS	& CATION AV			E. STREET AND NUMBER	RIDGE, RD.		
5. 5	SEX 6.			NEVER MARRIED			If Under 1 Y	r. Il Under 24 Hir
	FEMALE	1 41 1 4	WIDOWED [9. AGE (In years lost birthdoy)	Months Day	Haurs Min.
10A	USUAL OCCUPA	TION (Give kind of work 10	B. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or f	areign country)	12. CITIZEN	OF WHAT COUNTRY
don		king life, even if retired) -SALESLADYV	/ н	OCH. KOHN	MARYLA	ND		U.S.A
13.	FATHER'S NAME	SALLSLADIV	/ 110	JOIT. ROIM	14. MOTHER'S MAIDEN N			U.S.A
	FRANK S	HIPLEY		DEC 1D	IDA SHIP	LEY		DEC 'D
15.		er in U. S. Armed Farces yes, give wor ar dates o	?	1 6. SOCIAL	17. INFORMANT		ADI	ORESS
	10	yes, give wor air dules o	setvice!	213-10-39	CT ACNEC	DECORD DO	CAT	ON AVE.
_	18. // //	3 1		CAUSE OF DEA		RECORD RO		ROXIMATE INTERVAL
	DISEASE	OR CONDITION DIREC	TLY		11	D . 100	BETWE	EN ONSET AND DEATH
		ADING TO DEATH		(A) IMMEDIATE CA	AUSE / entrucule	ntibulat	en!	ZMn
	heart failuse, ast	meon the made of dy henio, etc. It means the	disease,	DUE TO, OR A	S A CONSEQUENCE OF:			
		calian which caused de	ath.)		41. 40	90 .		2
		RECEDENT CAUSES		(8)	Than to	ukul		THE C
	rise to the C UNDERLYING C	CONDITIONS, il any above cause (A) sk CONDITION lost.	ding the	(c) k	S A CONSEQUENCE OF:	ocarled In	Jacken	12
_		11)		Q
5	TO THE DEATH B	NT CONDITIONS CONTR	ERMINAL					
CA	DISEASE OR CON	ERATION GIVEN IN PART 1	(A).	HICH OPERATION	20A. AUTOPSY2 (Yes or	Noll 208 IE VES WERE	EINDINGS CON	EIDERED
CERTIFICATION	0	WAS PERFOR	MED		NO	No. 208 IF YES, WERE IN CERTIFYING CA	USES OF DEAT	H?
	21A. ACCIDENT NOR CONTRIBUTIN DEATH (notify me	WAS UNDERLYING [] IG [] CAUSE OF dical exomined	21 B. hame etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If to Baltimar	e City, give exac	ct facotion)
ā	21D. TIME (M	enth) (Day) (Year) (H	laud 21 E	INJURY OCCURRED	21E HOW DID I	NJURY OCCUR?		
8	IAPPROX.		Whil	e Al D Not Wi	ile 🔲			
	22. I certify tha	t (1) (this hospital) a			5	1969 to	5-6-	19 69
		t saw the deceased a		5/4	10	that in (my) (our) opl		
				(Me) (qiq) (MW AYU	view the bady after death	in and in the part of the	arr asam ac	corred on the date
	23A. SIGNATURE			1 () 1434 VA()	view the body diter death	10	23B. DATE SIG	NED.
	6	a frança	53a	OL OL	Hending Med. Director	Stoff Phys.	57	169
	23C. PHYSICIAN'S			DEGREE	23D. ADDRESS	rays.	-	1-1
	N S	AMOND	D.	BAHIC	WILKENS	& CATON AVE		
24A	BURIAL CREMAT		24C. NA	ME of CEMETERY OF C	3		ly, town, or cour	nty) (Stote)
	Burial	5/8/69	Mor	gan Chapel C	emeterv	Lisbon,	Mars	land
25A	DATE REC'D BY	HEALTH DEPT. 258		REGISTRAR	25C. FUNERAL DIRECTO			DDRESS
	MAY	8 1969	Mobile	t Cotanta	Witzke. 410	10Edmondson	Ave. 212	229
VS 1	150-REV. 1/1/68	• *	7	7			,	

entre bet bout to who I Kart - Joseph at Sand SIMARI G GUOMIVASI

(IZ)	, 0	9 4758	BALTIMORE CIT	Y HEALTH DEPARTME	NT \/	69 475
BIRTH NO.	,	3 4730	CERTIFICA	ATE OF DEAT	TH X REG. NO)
1. NAME OF DI	JOSEI TOSEI	0H P	ALACORO	lla	TE AND HOUR OF DE	69 2:
3. PLACE IN B	ALTIMORE MARYLAND,	WHERE PRONOUNG		4. USUAL RESIDENC	(Where deceased lived COUNTY	If institution; residence before
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN		INSIDE CITY LIMITS?
34	BON Je	cours H	HOSPITAL	E. STREET AND NUM	BER	YES NO
5. SEX	6. RACE /	7. MAPPIEDE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Hadar 1 Yr. If I
M	N	WIDOWED	DIVORCED	12-7-6	lost birthdoy	
	CUPATION (Give kind of vorting lite, even if retire		ISINESS OR INDUSTR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHA
Chaueff			++	MARY 1.	and com	U.S.A.
13. FATHER'S N	AME			14. MOTHER'S MAID	N NAME	
Vinia	ent Pal	acreally	7)	J	ennie Pi	apora
15. Wos Deceos	ed Ever in U. S. Armed	Forces? 16	SOCIAL	17. INFORMANT		ADDRESS
2.0	wn) (If yes, give wor or o		SECURITY NO. 18-10-3170-	A Pts. Chav	1	
No.		47	CAUSE OF DEA		4	APPROXIMA
18390	. 0		CAUSE OF DEA	0 0 0	1 0	BETWEEN ONS
DISE	ASE OR CONDITION LEADING TO DEAT		Coupe	Hive bear	Jailevre	- 1 1
(This does	nol meon the mode		(A) IMMEDIATE CA	AUSE		$\propto a$
heart failur	e, asthenia, elc. Il med	ons the diseose,		S A CONSEQUENCE OF:	1.1.1.1.0	0
injury or c	omplication which caus	sed deoth.)	Phenmay	fic + calcifi	c my ora	~
	ANTECEDENT CAUS	SES	(B) and	antic wise	if + wen	whis Mrs
DISEASES	OR CONDITIONS,	if any, giving	DUE TO, OR A	S A CONSEQUENCE OF:	7/	
	the above cause (ANG CONDITION lost.	A) slating the				
UNDERET	NG CONDITION 10ST.		(C)			
z	II .					
	AIFICANT CONDITIONS (
▼ DISEASE OF	CONDITION GIVEN IN	PART J (A).	CH OBERATION	120 A ALIZABEVE /V	or Noll 20P IE VEC	VEDE EINDINGS CONSIDERS
19A.DATE	OF OPERATION 198. C	PERFORMED	CH OPERATION	ZVA. AUTOPST? (Te	IN CERTIFYING	PERE FINDINGS CONSIDERED CAUSES OF DEATH?
# /V	Chir Mas			1 100		
_ OR CONTR	ENT WAS UNDERLYING	home,	form, foctory, street,	, in or obout 21 C. WHERE office bldg., INJURY OCC	UR? (If in 80	Itimore City, give exoct locoti
	ify medical examiner)	etc.)				
21D. TIME	(Month) (Doy) (Ye	eor) (Hour) 21E IN	JURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
S OF INJURY		While	At Not Wh	hile 🦳		
		Work	At Wor			- John
22. I certi	fy that (I) (this hospi	tal) attended the	deceased fram	5-6	19 69 to	2 - 6
tha (1) (w	e) last sow the dece	sed olive an	5- (0 19 69	and that In (my) (aur) apinian death occurred
and hour	and from the courses	stated above	We) (did) (did pas)	view the body after a		
23A, SIGNA		10.00 000 100	. c, (arap (ara nor)	T.SW THE DOGY CHEF C		238, DATE SIGNED
100	0 /	Inglew	M.D A	Hending Med.	☐ Shaff ☐	5-6-1
Me	0000	Mulen	DE GREE PH	nys. Director	Staff Phys.	0 6-1
23C. PHYSIC	IAN'S (Typel			23D. ADDRESS	MINDE ALATI	ONAL PIKE
Dr.	Melvin N. Bo	rden		5000 DALII	DOE MADE	LAND 2122
	REMATION, 248. DATE		E of CEMETERY of C	REMATORY	24D. LOCATION	(City, town, or county)
REMOVAL	(Specify)	240				
Burail					to 0.1 A	
The second second	5/9/	69 Wood	lawn Cemete	erv	Baltimore, I	Maryland
25A. DATE REC	5/9/	69 Wood	llawn Cemete	25C. FUNERAL DI	Baltimore, 1	Maryland
	5/9/1 D BY HEALTH DEPY: 11 AY 8 1969	69 Wood	lawn Cemete	25C. FUNERAL DI Witzke, 41	Baltimore, I	Ave., 21229
	MAY 8 1969	69 Wood	Lawn Cemete	25c. FUNERAL DI Witzke, 41	Baltimore, I	Maryland Ave., 21229



MLM	MKN	1
		_

IMPORTANT

FUNERAL DIRECTOR:

(0)	69 4759 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	69 4759
1. NAME OF DECEASED (Type or Print) CRANDA	LL, HARRY LEE	2. DATE AND HOUR OF DEA 05 07 69	тн 7:25А ,
3. PLACE IN BALTIMORE, MARY	LAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY MARYLAND BALT I MORE	l institution; residence before admission
HOSPITAL OR ADDRESS	N HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)		NSIDE CITY LIMITS?
40 st	AGNES HOSPITAL	E. STREET AND NUMBER 747 WEST HOLLS PARK	
MALE WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last, birthdoy) 64	II Under 1 Yr. II Under 24 Hrs Months Days Hours Min.
done during most of working life, even OFFICE MANAG		11. BIRTHPLACE (State or foreign country) NEW YORK	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME HARRY CRAND	ALL	14. MOTHER'S MAIDEN NAME MILLIE LEE	
5. Was Deceosed Ever in U. S. / Yes, no or unknown) (III yes, give w	or of dotes of service) 16. SOCIAL SECURITY NO. 163-03-3522	ST AGNES HOSPITAL RE	CORDS WILKENS &
DISEASES OR CONDITION tise la line abave cau UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION	se (A) stating the last. (C)	S A CONSEQUENCE OF Gulliste	
35-2-69 U 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE	N IN PART 1 (A). 9B. CONDITION FOR WHICH OPERATION VAS PERFORMED COLORIDATION LYING 21B. PLACE OF INJURY & G., home, form, foctory. Treet.	YES IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct location)
DEATH (notify medical examin 21D. TIME (Month) (Day OF INJURY (APPROX.)	ed etc.)	21F. HOW DID INJURY OCCUR?	
	Work LI Work At Work Nospital) attended the deceased from	4 29 1969 10 5	7 1969
	ses stated obove. (X) (We) (dld) Xd(d\n\d)	7.2.7	pinion death occurred on the dat
23C, PHYSICIANS NAME (Type)	DEGREE Phy	ending Med. Staff Staff Phys. 23D. ADDRESS	5-7-69
DR HAMID 44. BURIAL CREMATION, 248. REMOVAL (Specify)		EMATORY 24D. LOCATION	VE. (City, town, or county) (State)
Burial 5/	10/69 Phoenix Rural Cem	Phoenix, New 250 FUNERAL DIRECTOR WIFELE, 201 Edmondson	ADDRESS

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/68

Movement, Andrew

1 3 9

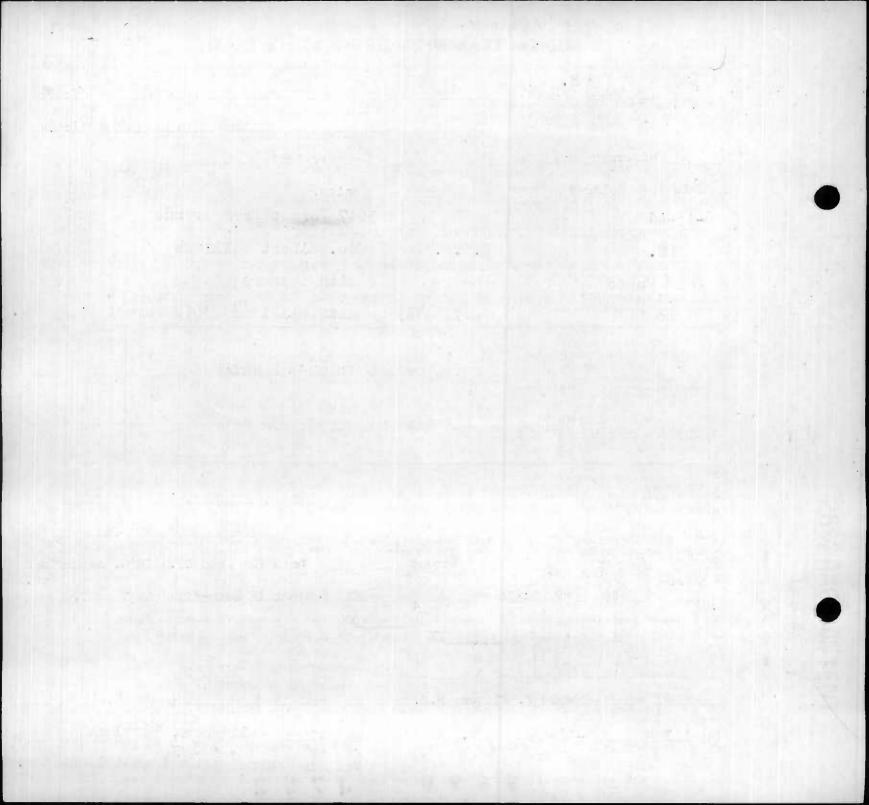
W-452

69 4760 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
	PULLIN APIN A		OI DEATH

03 4379

BIRTH NO.					REG. N	10		_
1. NAME OF DECEASED B		2. DATE	Known XX	Month	Doy	Yeor	Hour	
(Type or Print) HARRY WILLIAMS		OF DEATH	Estimoted	5	6	69	11:20a	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	3. DATE		Month	Doy	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) HOSPITAL ADDRESS OR LOCATION)	ON, GIVE STREET	PRONOU	NCED DEAD	Mav	6.	1969	11.20-	
OR INSTITUTION		5. USUAL RE	SIDENCE (Where				11:20a refore odmission)	
3 X University Heavitel	1-1	A. STATE			B. COUNT	Y /5-	28	
University Hospital	7 81	C. CITY OR	laryland		TD INISIDE	CITY LIMITS?	20	_
MARKIED	J IVE VEK MARKIED	C. CIII OK	TOWN		D. IIVSIDE			
Male Colored WIDOWED		Ba1t				YES T	NO.L	_
lost birthdov) Mon	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	/	ND NUMBER	Danie	A =======		Promo de	.45
6-15-41 27		3617	Forest	rark	Avent	le		
	ITIZEN OF	13. FATHER'S		7.1.00				
Md.	MHATCOUNTRY?	Geo.	Albert	Will	Liams			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	ΛE				
done during most of working life, even if retired)		Edit	h Leasu	re				
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	18. INFORM	ANT			ADDRESS		and the same of th
(Yes, no or unknown) (If yes, give wor or dotes of service)	2 17388125		h Willi	ams	3617		Park A	ve
no			/11 //4444	C1110	, , ,			
19. <u>29. 5. 9 1</u>	CAUSE OF DEA	TH					PROXIMATE INTERVA EEN ONSET AND DE	
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH	(A)IMMEDIATE C	AUSE Mul	tiple in	iuries				
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	DUE TO, OR	AS A CONSEQU	tiple in i					
injury or complication which coused death.)								
ANTECEDENT CAUSES								
	DUE TO, OR	AS A CONSEC	UENCE OF:				~~**	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
Z GINDERETHING CONDITION LAST.	(C)							
E II								_
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
DISEASE OR CONDITION GIVEN IN PART 1 (A).	************	************						
20A. DATE OF OPERATION 20B. CONDITION FOR	WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
0 7						Me	a c	
	PLACE OF INJURY(e.g.,	in or obout 22	C. WHERE DID	(If in Boltime	ore City, give	exoct location)	13-38	
0	e, form, foctory, street, office	e bidg., etc.) IN		ol. T.	lea Dec	11012	- 5 M - 31 -	
	Street 2E.INJURY OCCURRED	22	F. HOW DID IN.	JURY OCC	ur?	IIU E.	of Madis	
OF INJURY	VHILE AT NOT	WHILE XX					Av	e.
(APPROX.) 4 20 69 5:45el	VORK L AT W	ORK XX	Subject i	n aut	o-fixe	d obj. c	oll.	_
I certify that I held an Inquiry	Inspection Au	tapsy XX	and that an th	nie baeie	death in	my aninian		
	ccident XX Suicid							
resulted from: Natural causes A	ccident LAM Suicid				ined mann	er 🔛		
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED								
SIGNATURE SIGNATURE	M.D	ASSIS	TANT MEDICAL E	XAMINER	*X			
EXAMINER'S		ASSO	CIATE MEDICAL E	XAMINER				
NAME (Type) Edward F. Wil	son, M.D.					May 7,		
24A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATIO	V (City,	lown, or county	(Stote)	
	Mt. Huburn	Comet	erv E	alti	more.	aryla	nd	
	OF REGISTRAR	25C F	UNERAL DIRECTO	OR U P	ailer	ADDRESS		
1001/ 0 10	ACZA		son Fune				Thoun	5t
MAI 8 1969 (120c	K G Janben	LA FINET:	son rune	Tall	nome	1740 06	THOULT .	
VS 151-REV. 1/1/68	0 9 0 0	0 0	7 5 5					1
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VS 150-REV. 1/1/68

04	BALTIMORE	CITY	HEALTH	DEPARTMENT
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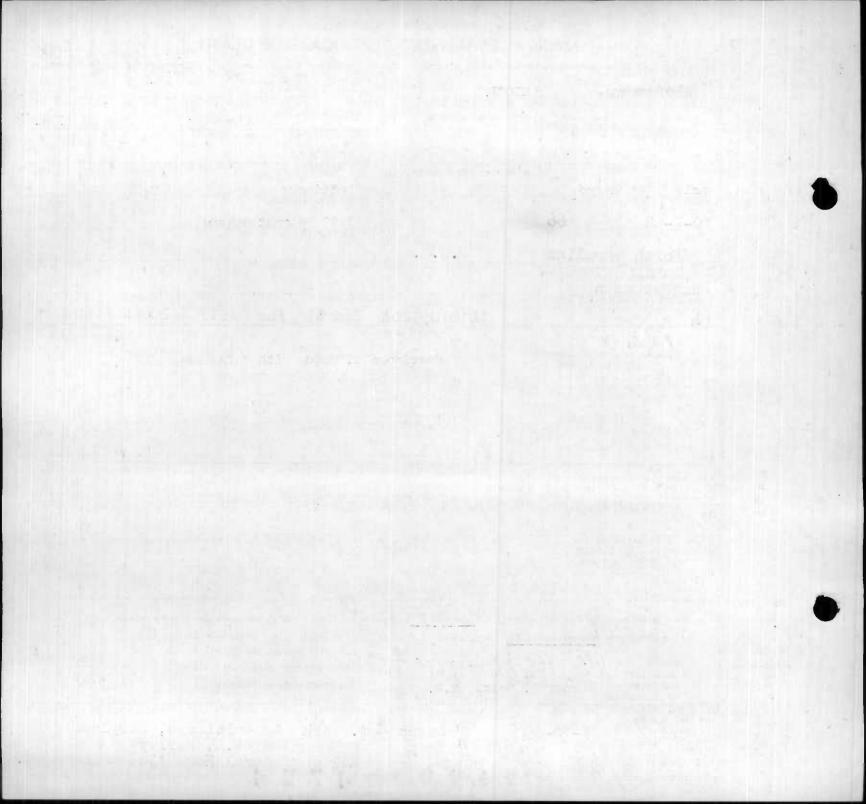
DALIMONE CITT HEALTH DELAKIMENT		6.63
CERTIFICATE OF DEATH	REG. NO.	69

-		69 4	761	CEDTIFICA	TE OF DEATH	REG. NO.	69	4761
BIRTH NO.	CTACED			CERTIFICA				
(Type or Print)	_	-,				AND HOUR OF DEATH	/	
2 81 4 55 131 84				WILLIAMS		mm 5/7/	69	
3. PLACE IN BA	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (W. A. STATE B. CO	אואט י	nstitution; reside	nee before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN	D. INS	SIDE CITY LIMITS	- 06	
3 SOUTH	BALTING	ons C	CENT	sanc Hosp	E. STREET AND NUMBER		YES	NO 🗌
					3205-F	RIRFIELD	Rd.	
5. SEX	6. RACE	7- MARI	RIED 🗌	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Y	r. If Under 24 Hrs Hours Min.
1-	NEGRO	11100		DIVORCED,	8-20-85	83		
done during most o	CUPATION (Give kind of working life, even if re	of work 108, KIN	D OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or I	oreign country)	12. CITIZEN	OF WHAT COUNTRY
HOUSE					GEORGO	. 0	1	1,5, A.
13. FATHER'S NA					14. MOTHER'S MAIDEN N		U	101/11
	2				Z,			
15. Wos Decess (Yes, no or unknow	d Ever in U. S. Arme	r dotes of sorv	ice) 1 6.	SOCIAL SECURITY NO.	17. INFORMANT AMAN	ON BROOKS	AD	DRESS
NO	213-3				NOSPITAL	CIRRY	SA	ME
18. 7.1.3	101			CAUSE OF DEATH	1	-N/1 /~.	AP	PROXIMATE INTERVAL
DISE	SE OR CONDITION						BETW	TEN ONSET AND DEATH
	LEADING TO DE			(A)IMMEDIATE CAU	SE NEMORRI	YAGE INTO		VOURS
(This does	not meen the mod , asthenia, etc. It m	o of dying,	e.g.,	DUE TO, OR AS	SE NEMORRI	ENTRICLE S	3	***************************************
	mplication which co							
	ANTECEDENT CA	USES		11	TOACEDE	DRAI MEH	0000000	2 DAVE
DISEASES	OR CONDITIONS,	il any, ni	vina	DUE TO, OR AS	TRACBREA A CONSEQUENCE OF:	SKN - NISTE	OTCHANG D	20173
rise to t	he obove cause	(A) sloting	lhe					
UNDERLYIN	IG CONDITION las	L		(c) A	PBRTENSI	/×.	/	FRRS
7	II II							
	IFICANT CONDITIONS							
	CONDITION GIVEN II	PART I (A).		****************		*		************************
1 -		PERFORMED	OR WHI	CH OPERATION	20A AUTOPSY? (Yes of	No. 208 IF YES WERE IN CERTIFYING CA	FINDINGS CON	NSIDERED IH?
OR CONTRIE	ENT WAS UNDERLY! UTING CAUSE OF	ис 🗌	218, PLA home, f	CE OF INJURY (e.g., it form, foctory, stroot, of	or about 21C. WHERE DID		re City, give exc	ct location)
OF IN HIE	(Month) (Day) (Year) (Hour)	21 E. IN.	JURY OCCURRED	21F. HOW DID I	NILLEY OCCILES		
S OF INJURY			While A	Not While		NJORT OCCOR		
	1 (1) (1) 1		AAOIK	AT WORK				
	y that (1) (this hos				75		5/2	19 65
-) last saw the dec				und designation and	that In (my) (our) op	inion death ac	curred an the date
and haur as	nd from the causes	stated abay	o. (I) (H	e (did) (did nat) v	lew the bady after deat	1.		
23A. SIGNATURE Attending Med. Staff Phys. 5/7/							SNED	
							169	
23C. PHYSICI	ANS O	7			3D. ADDRESS		1	
Y JOH		4228	Rn	M.D.	Car Bu.	TINDE C	th a see a	
24A. BURIAL CR	EMATION, 248, DAT		C, NAME	OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ily, town, of eou	unty) (Stote)
BURIA	(Specify)		MT.	- AUBURN	CEM.	BALTO.	Md.	(terests)
	BY HEALTH DEPT.	25B, NA	ME OF R	EGISTRAR	25C. FUNERAL DIRECT	OR U.R. BAIL	EY	ADDRESS
785.4	8 1969	130	1 A.	Engrero	KEYSON VE,	17: 1348 N	CAIM	MUN ST.

Marin Colores of the Jan 18 1 1 1 4-252

69 4762 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICAT	E OF	DEATH	REG. NO	0.0	4000
BIRTH NO.				REG. NO	03	4762
1. NAME OF DECEASED (Type of Print)		own	Month	Day	Yeor	Hour
Alexander HIGGINS	OF DEATH Esti	imated 🔀				М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Manth	Day	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED		May	6,	1969	3:07 A M
	5. USUAL RESIDEN			COUNTY	residence b	petare admission)
2917 Belmont Avenue	Maryla				16	0-0/
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	١		. INSIDE CIT	Y LIMITS?	
male negro WIDOWED DIVORCED	Baltime	ore		YE	s X	№ □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Iast birthday) Months Days Hours Min.	E. STREET AND N	UMBER				
10-2-02 66		elmont	Avenue			
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAM					
North Carolina WHAICOUNTRY?						
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MA	IDEN NAME				
done during mast of warking life, even if retired) Long shoreman						
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 117 SOCIAL	18. INFORMANT			AD	DRESS	
(Yes, no ar unknown)(If yes, give war or dates of service) SECURITY NO. 216105326.	A Ida Hi	ogins	2917	Belme	ont A	venue
119. CAUSE OF DEA		55-110	~ / / /			PROXIMATE INTERVAL
/53,0					BETW	EEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Carcino	oma of Cecur	n with	Metast	ases		
LEADING TO DEATH (A)IMMEDIATE (This does not mean the made of dying, e.g., DUE TO, OR		0.5				
heort failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	AS A CONSEQUENCE	OF:				
injury or complication which caused deam.)						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENC	E OF:				
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED				21. AUTO	PSY? (Yes ar Na)
						No
ZZA. EXTERNAL CAUSE WAS ZZB. PLACE OF INJURY (e.g.	, in or about 22C. WI	HERE DID (IF	in Baltimore	City, give exo	t lacation)	110
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	ce bldg., etc.) INJURY	OCCUR?				
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HC	DENI DID WC	RY OCCUR	?		
	T WHILE					
23.	WORK					
I certify that I held an Inquiry Inspection X A	utapsy and	that an this	s basis, d	eath in my	apinian	
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner						
ACTUAL // COLOR 18/1		MEDICAL EX	T.	<u></u>		DATE SIGNED
	υ, ,					5/6/69
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE	MEDICAL EXA	AMINER L	_		3/0/09
NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24 NAME of CEMETERY	or CREMATORY	24D. LC	CATION	(City, tawn	or county) (State)
REMOVAL (Specify)	244				-	
7	Hem. Park			nore,	-	Land
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		AL DIRECTOR				73
MAY 8 1969 Walet E. Jacker	Melson	Funer	cal Ho	ome 13	48 U	alhoun 5
VS 151-REV. 1/1/68	0 4 7	5 4				



69 1762

4700 BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.	No. 69 4763
I. NAME OF DECEASED 2. DATE Knawn Annth Day	Year Haur
(Type or Print) MARY NOLL OF DEATH Estimated 5 7	69 11:15 a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) May 7.	1969 11:15 ам.
OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived, If instit A. STATE B. COUN	
16 S. Wolfe St. D.O.A. Maryland	2-02
MARKIED NEVER MARKIED	E CITY'LIMITS?
MEmale White WIDOWED DIVORCED Balto. 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	YES NO
Aug 3 1889 ast birthday) Manths, Doys, Haurs Min. 16 S. Wolfe St.	
11. BIRTH/LACE(State or foreign country), 12. CITIZEN OF 13. FATHER'S NAME	
Baltimore, Md WHAICOUNTRY? Andrew	, //
14A. USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)	
housewife Barbara	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) ((If yes, give wor ar dates of service) SECURITY NO.	ADDRESS 431 N. Charles
No 212-12-9738B Bernard Peler	S Bulto Md
CAUSE OF DEATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease	e
(A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g.,	
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
LINDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
O	
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in ar about 22C. WHERE DID (If in Boltimore City, give	NO e exact lacation)
UNDERLYING OR CONTRIB- home, farm, factory, street, affice bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) m. WHILE AT NOT WHILE AT WORK	
23.	
I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in	
resulted from: 145 tyral causes XX Accident Suicide Hamicide Undetermined mann	ier [_]
ACTUAL ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
SIGNATURE M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	5/7/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, REMQVAL (Specify)	town, or caunty) (State)
Burial 5-9-69 Holy Redeemer Ballo.	14d.
25A. DATE REGO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS 1800 E. Lombard S.
MAY 8 1969 Robert E. Farber M.D. Di PPel Bras Inc	1800 E. Londard J.
	10001

wassestance Germand Peters The 1 Burnet 5-9-68 Holy Redeemer Balto Hel

VS 150-REV. 1/1/68

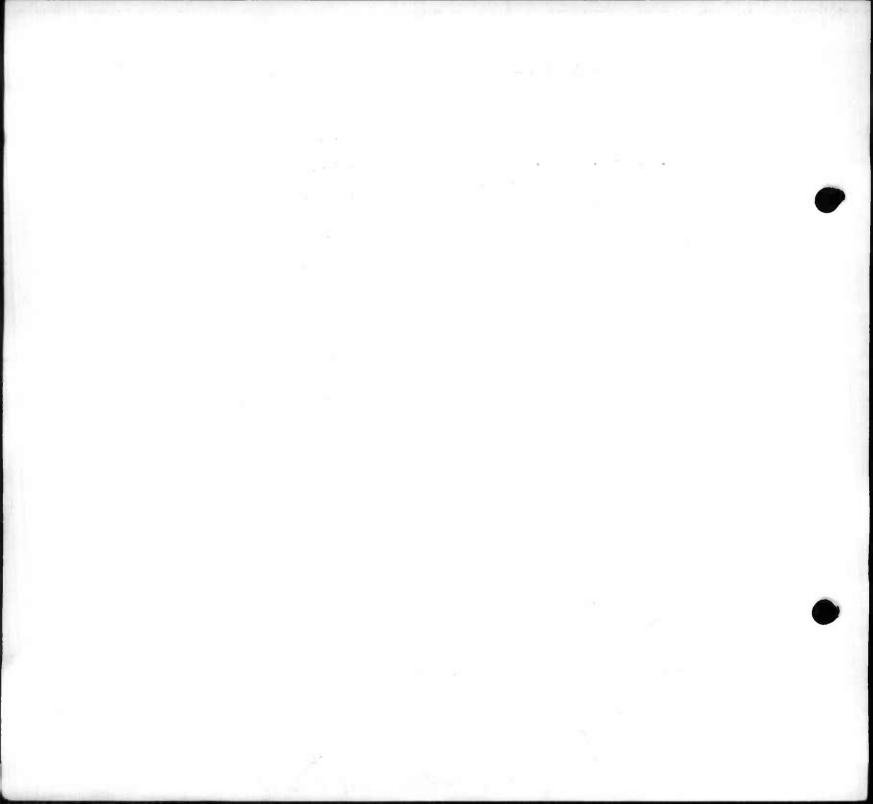
a hospital and

		00	1001	BALTIMORE CITY	HEALTH DEPARTMENT		LO ATCA
)	PURTIL NIC	לכר	4764	CERTIFICA	TE OF DEATH	REG. NO	07 7104
	I, NAME OF DECEASED (Type or Print)	Edna I	. Ship		2. DATE AND	7, 1969.	1120 M
	3. PLACE IN BALTIMORE, MARY	LAND, WHERE		Y		deceased lived. If ins	stitution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		Md.	D. INSI	9-03 DE CITY LIMITS?		
		East 3	26 m	Street	Baltimore		YES NO
ė	019	шаз о)	501000	E. STREET AND NUMBER	15 East 3	6 Th. Street
ad	5. SEX 6. RACE	7. N	ARRIED N	IEVER MARRIED	110	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
IS TH	Female Whit	G	DOWED 3	DIVORCED	Feb. 11,1908		12, CITIZEN OF WHAT COUNTRY?
0	dane during mast of working life, ever	if retired)					
1	Retired Cler	k	Hospi	tal	Maryl 14. MOTHER'S MAIDEN NAM		USA
dispositi		ert H.	Bechte	-1	IN MOTHER'S MAIDEN HAM		e Goodrich
0	15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give	Armed Farces? vor or dates af	service) 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
fine	No		2]	9-05-4742	Mr. Robert S	hipley /	(Same)
ains are embalmed o	DISEASE OR CONDILEADING TO (This does not meon the heart failure, asthenia, etc., injury or complication whice ANTECEDENT DISEASES OR CONDITION rise to the above counderlying conditions	mode of dyin il meons the th coused deo CAUSES ONS, if ony, use (A) stol	ng, e.g., diseose, th.)	(B) Gone	CONSEQUENCE OF: CALLED MA CALLED MA CONSEQUENCE OF: CALLED MA of the Tovary elastats arceion	E 3 m°	
ne rem	O OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	ATED TO THE TE	RMINAL A).	CH OPERATION	20 A. AUTOBSY? (Yes or No.)	20B. IF YES, WERE F	INDINGS CONSIDERED
before the remains	2)A. ACCIDENT WAS UNDI 2)R. CONTRIBUTING CAUS DEATH (natify medical exami	ERLYING D	Cenon	ua of ova	n of about 21 C. WHERE DID	IN CERTIFYING CAL	JSES OF DEATH? • City, give exact location)
ptained	21 D. TIME (Manth) (Da OF INJURY (APPROX.)	y) (Year) (H	While A	URY OCCURRED Not While At Work	21F. HOW DID INJU	RY OCCUR?	10
opto	22. I certify that (I) (this	-hospital) at	tended the d	ceased fram	July 28 , 19	67 10 M	as 7, 1969
pe	that (1) (6) last saw the	deceased al	ive on	las, 7,		t in (my) (aux) opir	nian death occurred an the date
		uses stated	bove. (I) (\	s) (qiq) (qiq ==== v	iew the body ofter death.	(12N) ·	Son DAYS CICALID
al must	Lagueard	2/U	uklu	And DEGREE Phy	nding Med.	itaff Phys.	Way 7, 1969
approval	23C. PHYNCIAM'S NAME (Type)	aymond	L. Mai		Medica	al Arts Bl	dg. Balto. M d.
	REMOVAL (Specify)	DATE 5/9/69.		of CEMETERY or CRI	ALC: NO.	Baltimore,	ly, tawn, or county) (Stote)
writte	25A. DATE REC'D BY HEALTH D	DEPT. 25B.	NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
3	MAY 8 19	69 (T. D. V.	E. Farber	Legnard J.	Kuck, In	c. Balto. Md.

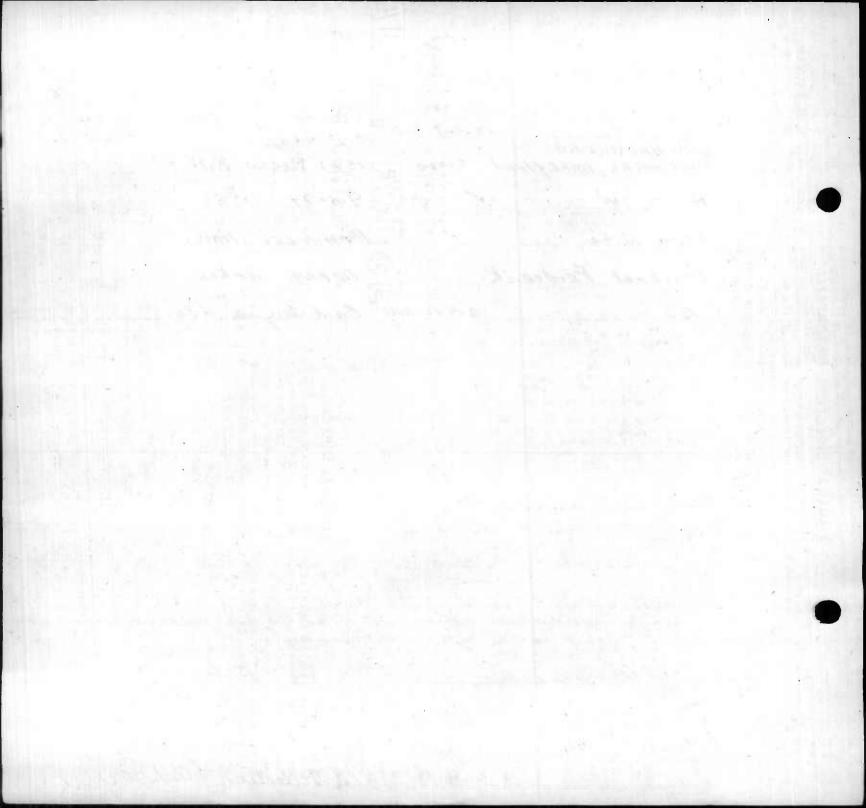
A Carringer of the go, suleged methodor. He is the Carinoma of weed No Lamenage Vice 1 40 54 64 64 100 100 100

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

1	CO ACICE BALTIMORE CITY	HEALTH DEPARTMENT 69 4765				
D:	69 4765 CERTIFICA	TE OF DEATH REG. NO.				
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
(T)	pe or Printl Neal Josephine	5-3-69 710 20				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY				
FL Hi	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION) STITUTION	C. CITY OR TOWN Charles CO. INSIDE CITY HMITS?				
IN	SITUTION	1.7/17				
16		E. STREET AND NUMBER				
	Univ. of Md. Hosp.	ARABY FARM				
5.	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years list birthday) 3-22-14 Il Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.				
10/	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTR				
do	during most of working life, even if retired)	. 1				
12	FATHER'S NAME	Mb U.S.A				
	,	14. MOTHER'S MAIDEN NAME				
5	JAMES GUTRICK	ETHEL DENT				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) Ut yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT				
	LEADING TO DEATH	SEPTICEMIA				
		A CONSEQUENCE OF:				
	injury or complication which caused deoth.)					
	ANTECEDENT CAUSES (B) CARC	INOMA OF THE BREAST				
		A CONSEQUENCE OF:				
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)					
	1					
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************				
CERTIFICATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
12	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., Inhome, form, foctory, street of	or about 21 C. WHERE DID (If in Boltimore City, give exoct lacotion)				
MEDICAL	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, of DEATH (natify medical examiner)	ince pidd* INJAKA OCCA KA				
03	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
3	(APPROX.) While At Work At Work	· 🗆 📗				
	22. I certify that (1) (this hospital) attended the deceased from	2-15 1969 10 5-3 1969				
	that (1) (we) last saw the deceased alive on 5-3	19 69 and that in (my) (our) opinion death occurred on the dot				
	and hour and frage the causes stated abave. (1) (We) (did) (did not)					
	23A. SIGNATURE	23B, DATE SIGNED				
	Mary Z Label DAHO	nding Med. Staff Phys. 5-3-65				
	DEGREE	3D. ADDRESS //WIV. Aloxo B. Of Mo				
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)				
	REMOVAL (Specily) 5/7 /69 ST. MARY'S STAR					
25 A	DATE REGISTER PRALTH 969 258 NAME OF REGISTER	25C. FUNERAL DIRECTOR ADDRESS				
Vs	150-REV. 1/1/6B	Afgre? I d Ld I omonkey MC				



	69 4	700	HEALTH DEPARTMENT	reg. No. 69	1766		
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	4700		
I	NAME OF DECEASED		2. DATE ANI	HOUR OF DEATH	75,		
	Spangler Annie	m.	5.5-6		7 3/ P M.		
	3. PLACE'IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If instit Y	ution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	md.		4-02		
	HARford GARdens CON	UnlesaNT Home	C. CITY OR TOWN		ES NO NO		
9	4700 HARFORD Rd		E. STREET AND NUMBER				
ا ن	BALLIMORE, MARYLAN	d 21218	1527 Round	1 hill Rd	21218		
9	5. SEX 6. RACE 7. MARK	IED NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Nonths! Doys Hours Min.		
	F W WIDON		9-8-79	89			
- 11	10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	house wife		Baltimore	md	U.S.A		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E			
	Michael Frederic	K	MARY E	BAKER			
	5. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No	214-01-4461	Coul Linan	en I.P.W.			
	18.	CAUSE OF DEAT	1 1	11 / 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ANTENIO	rderotiz Cardio	Vascular Disea	De Consideration		
	(This does not meen the mode of dying,				Jeverel gens		
	(This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:				
	rise to the obove couse (A) stating UNDERLYING CONDITION last.	(C)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG Bladden	+ Kidney Diver	Vicula	Several years		
	TO THE DEATH BUT NOT RELATED TO THE TERMIN				IDINGS CONSIDERED		
	19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OK WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?		
	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimore (City, give exoct location		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?				
	Q 21D-TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?			
	(APPROX.)	While AI Not While Work At Work					
	22. I certify that (I) (this hospital) attend		X/- 17	96 P 10 A	tay 1969		
	that (1) (me) last saw the deceased olive	1/10	- 0		on death occurred on the date		
	ond hour and from the couses stated above			The state of the s	The state of the s		
	23A. SIGNATURE	1000		2	3B. DATE SIGNED		
	Tou Ma Cummo	Dhy		Shaff Phys.	5/7/69		
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS //	1DI D /	M . /		
	NAME (Type) Long M. Zim	merman MD	3202 Hourton	d Nd Dal	Imoro, Md		
	244 URIAL CREMATION, 248. DATE 24	DEGREE	EMATORY 24D. LC	CATION (City,	town, or county) (Stote)		
	Simul May 64	Markey	ved 1	Dullan	d.		
	55 51/	ME OF REGISTRAR	FUNERAL DIRECTOR	141-	ADDRESS		
	MAY 9 1969 (12.0)	et categora,	1/1/ Relluce	my bolot.	Haypy		
1 3	VS 150-REV. 1/1/6B		V				



VS 151-REV. 1/1/68 **

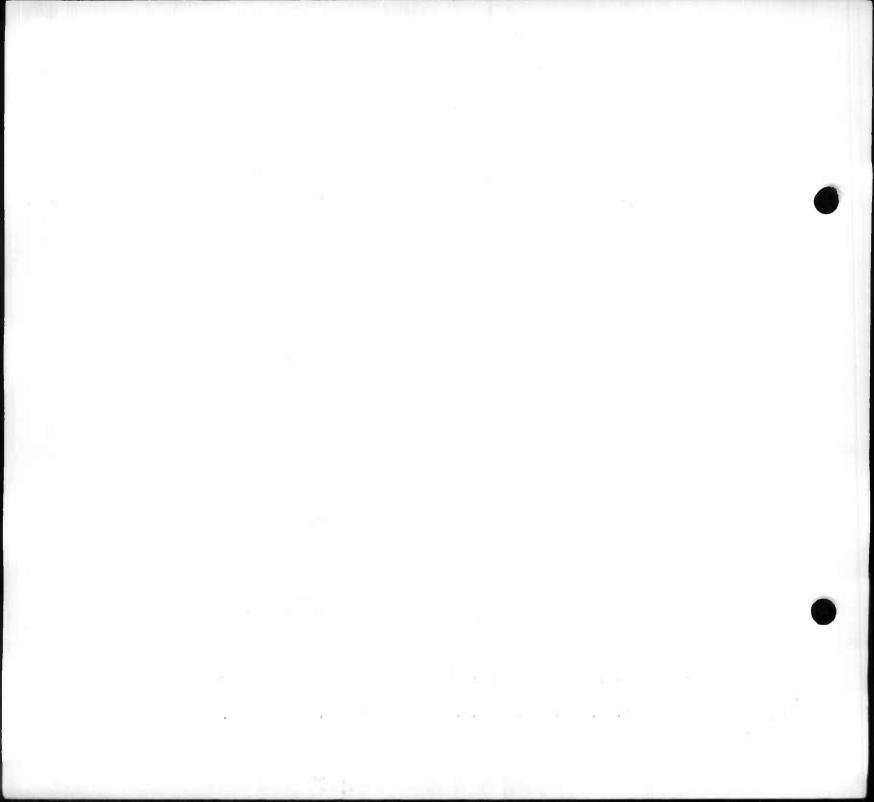
1	69 4767 BALTIMORE CITY HEALTH DEPARTMENT	
4-120	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69	4767
	1. NAME OF DECEASED (Type or Print) GEORGE LEVESQUE 2. DATE Known X Month Day Year OF DEATH Estimated April 20, 1969	Haur M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Yea	ar Haur
42	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION]	8:00 A. M.
99	Sinai Hospital • (DOA) A. STATE Maryland B. COUNTY	27-88
//	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMIT	S?
	Male White WIDOWED DIVORCED Baltimore YES	№ □
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths Days Haurs Min. Min. 5208 Wilton Heights Avenue	
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME	
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS	
	19. CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease	ETWEEN ONSET AND DEATH
	LEADING TO DEATH (A)IMMEDIATE CAUSE	
	(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
	injury ar camplication which caused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST. (C)	
	(C)	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AL	UTOPSY? (Yes ar Na)
DHIELE IN		artial) Yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B.PLACE OF INJURY(e.g., in ar about 22C. WHERE DID (If in Baltimare City, give exact location location) hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR?	in)
	22D TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
	(APPROX.) MHILE AT NOT WHILE AT WORK AT WORK	
	23. (Partial)	n
	resulted from: Notural causes X Accident Suicide Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	DATE SICNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER April	21, 1969
	NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Nown, or look)	11/12
	REMOVAL (Specify) 5-6-69	CHOOL
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	SCHOOL
	MAY 9 1969 Robert E. Farber M.D. MORTHARY SERVICE	RCHD

ALLEGE TO LEASE THE

FUNERAL DIRECTOR: IMPORTANT

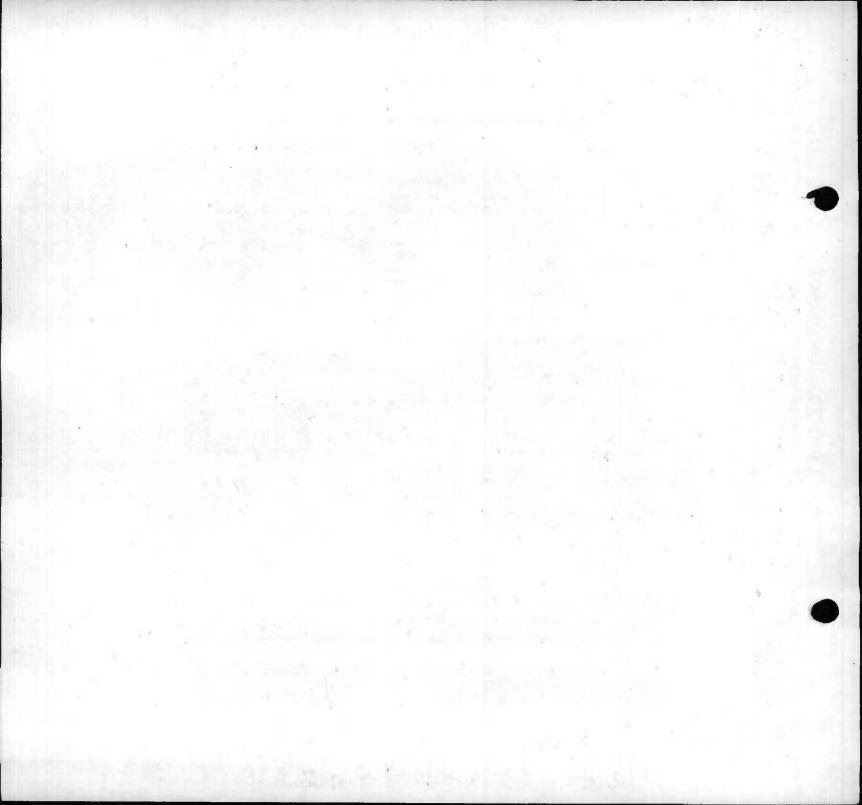
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	64 8700	HEALTH DEPARTMENT				
	BIRTH NO. 69-07333 CERTIFICA	TE OF DEATH REG. NO. 69	4700			
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	rc			
Ш	DOY SIEELE	4-29-69	1152 PM			
	3. PLACE IN BALTIMOSE, MARYLANO, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: re. 8. COUNTY	sidence below odmission)			
II	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	25-42			
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIF				
9	3	Baltimore YES	NO			
	SOUTH BALTIMORE GENERAL HOSPITAL	2452 Joseph Avenue				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years lost birthdoy) II Under Months:	1 Yr. If Under 24 Hrs. Doys Hours Min.			
	MIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	, , , , , , , , , , , , , , , , , , , ,	8 55			
	done during most of working life, even if retired)	12. CHIZ	EN OF WHAT COUNTRY?			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
		Yvonne Steele				
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Iff yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
H	CAUCE OF DEAT					
	DISEASE OF CONDITION DIRECTLY		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH			
	I FADING TO DEATH	LINE ATURNEY	9/			
I	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAL	ISE [MMATUR] TY A CONSEQUENCE OF:	1 hours			
\parallel	heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:				
I	ANTECEDENT CAUSES	_0				
	(8)	A CONSEQUENCE OF:				
	rise to the above cause (A) stating the	A CONSEQUENCE OF:				
	UNDERLYING CONDITION last, (C)					
11	z 11					
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS	00 Marin Co. Co.			
I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 121B. PLACE OF INTURY (e.g., l.)	20A AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF D	EATH?			
	On CONTRIBUTION OF THE PARTY OF	n or about 21 C. WHERE DID If In Baltimore City, give	exoct (acotion)			
	DEATH (notify medical examine) etc.)	lice bidg. INJURY OCCUR?	,			
I	21D. TIME (Month) (Doy) [Yeot] IHour 21E, INJURY OCCURRED OF INJURY While At The Not While	21 F. HOW OLD INJURY OCCUR?				
li	(APPROX.) While At Work At Work					
1	22. I certify that (1) (this hospital) attended the deceased from 4	-29 (3Pm) 1969 to 11550 4	1-29 1969			
	that (I) (we) last saw the deceased olive on 4-29	19 6 9 ond that in (my) (our) opinion death				
I	and hour and from the couses stated above. (1) (We) (did) (did not) v					
I	23A. SIGNATURE	23B. DATE	SIGNED			
I	ME ma 1.00 11 Attending Med. Stoff 17 11 39-10					
I	23C. PHYSICIAN'S [23D. ADDRESS] [23D. ADDRESS]					
I	H. E. MENDELSOHN, M.D.	3001 S. Hanover St.				
1	4A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRE		county) I i (State)			
	REMOVAL (Specify)	The state of the s	Area of T Cablet D			
	SA. DATE SELECT BY HEALTH DEPT. 258, NAME OF REGISTRAR	L25C. FUNEKAL DIRECTOR MEDICAL	SCHOOL			
I	Or Dr. F. Farbers	THE OWNER DIRECTOR	ABURESS O C			
IF	\$ 150-REV. 1/1/68	9 4 MORRUARY SERVICE	" DATE			



4. USUAL RESIDENCE (Where deceased lived. If institution; residence D. INSIDE CITY LI NO YES If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? OLINE HOLDER (DE ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) .19 and that in(my) (our) opinion death occurred on the date the body was released 23 B. DATE SIGNED written approval GENERAL F3 87 fown, or county ! deceased shows: Was VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



1	BALTIMORE CITY HEALTH DEPARTMENT	a demina						
	69 04770 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69	04770						
	BIRTH NO.							
17/22	I. NAME OF DECEASED 2. DATE Known & Month Doy	Year . Hnur						
11634	(Type or Print) CHARLOTTE PORTUGESE OF DEATH Estimated 4 18	69 9:45 P M						
V	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Yeor Hour						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD April 18,	1969 9:45 p N						
	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased lived. If institution: re							
	A. STATE B. COUNTY							
	11 E. Lafayette Ave. (DOA) Maryland 6. SEX 7. RACE 18. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY	IAAITC 2						
	MAKALED LIVEYER MAKKEED LI	IMIIST						
	Female White WIDOWED DIVORCED Balto. YES [NO .						
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min.	0.4						
	lost birthdoy) 45 Months, Doys, Hours, Min. 11 E. Lafayette Ave.	00						
	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME							
	WHAT COUNTRY?							
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME							
	dane during mast of working life, even if retired)							
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDR	ECC						
	(Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO.							
	19. CAUSE OF DEATH	BETWEEN ONSET AND DEAT						
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (A)IMMEDIATE CAUSE Undetermined							
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury ar camplication which caused deoth.)							
	DISEASES OR CONDITIONS, IF ANY, GIVING THE DUE TO, OR AS A CONSEQUENCE OF:							
	I NOT TO THE ADDIE CAOSE IN STATITO THE							
	Z UNDERLYING CONDITION LAST. (c)	2						
	(c)	4						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
	DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	. AUTOPSY? (Yes ar Na)						
		37.00						
	22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If In Baltimore City, give exact to	yes ecotion)						
	UNDERLYING □ OR CONTRIB- hame, form, factory, street, office bldg., etc.) INJURY OCCUR?							
	WING CAUSE OF DEATH.							
	OF INJURY							
	(APPROX.) m. WHILE AT NOT WHILE AT WORK AT WORK							
	23.	7-4-1						
	1 certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opi	nion						
	resulted from: Natural couses Accident Sulcide Homicide Undetermined manner							
	CHIEF MEDICAL EXAMINER	DATE CICNIED						
	SIGNATURE MALLELAND W M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED						
	EVAMINEDIS Edward F. Wilson, M.D.	Re-issued						
	NAME (Type) Isidore Mihalakis, M. D. D. A. D. D. D. A. D. D. D. A. D.	9-21-70						
	24A. BURIAL CREMATION, 24B. DATE 24 NAVE OLDER ERY ALEMA ORY 124B. LOCATION (City, town, or	county) (State)						
	REMOVAL (Specify) 5-5-69 LINIVERSITY MEDICAL SCHOOL							
		rec						
	MADDINARY CEDVICE	- BCHD						
	May 9, 1969 Robert E. Farber, M.D. MUNICANI SERVICE	- DCIID						

VS 151-REV. 1/1/68

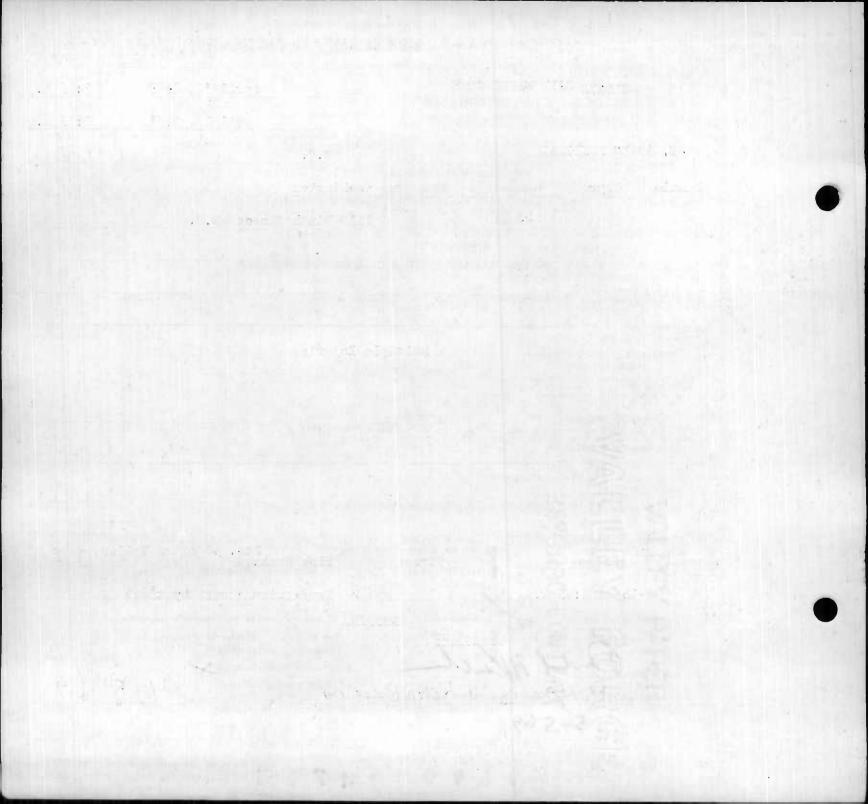
May 9, 1969

Robert E. Farber, M.D.

OUTAG CO. CONTRACT TO STATE OF THE PROPERTY OF

VS 151-REV. 1/1/6B

BIRTH NO.	ME	DICAL EX	AMIINEK 3	CEKIIF	CATE	OF DEA	REG. NO.		. , , ,	
I. NAME OF DEC	EASED	***		2. DATE	Known	☐ Month	Doy	Yeor	Hour	
(Type or Print)	GLORIA JA	ME WASHIN	GTON	OF DEATH	Estimot	ed April	18, 1969)	3:45	A
4. PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	21 9/01.
FULL NAME OF HOSPITAL OR INSTITUTION		TAL OR INSTITUTIO			UNCED DE	April			3:45	A .M.
The same of the sa	GNES HOSPITA	\L		A. STATE	D.C.	(Where deceosed	B. COUNTY	residence b	efore odmis:	ion)
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY LIMITS?		
Female	Negro	WIDOWED		Wash:	ington		VE	s 🗆 ı	NO 🗆	
9. DATE OF BIRTH	1 10. AGE	(In years If Uni	der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUM	BER				
	lost birtho	35	is Doys Friours Fixini.	1210	Ninth	Street	N.W.			
11. BIRTHPLACE (S	tote or foreign country)		ITIZEN OF	13. FATHE						
		W	HAT COUNTRY?							
			USINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDE	N NAME				
done during most of w	orking life, even if retired	"								
16. WAS DECEASE (Yes, no or unknown)	ED EVER IN U.S. ARMI (If yes, give wor or dote	ED FORCES? s of service)	17. SOCIAL SECURITY NO.	IB. INFOR	MANT		AC	DDRESS		
Tio				1				T 46	NB C VIII AVE 11	75.00///
19.	1417		CAUSE OF DEA						PROXIMATE IN EEN ONSET AL	
DISEASE	E OR CONDITION DIR	ECTLY	Multi	ple In	juries					
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE						
heort foilure,	ot meon the mode of a osthenio, etc. It meons t	he diseose,	DUE TO, OR	AS A CONSE	QUENCE OF					
injury or com	iplication which coused d	eoth.)								
AN	NTECEDENT CAUSES		(B)							
DISEASES C	OR CONDITIONS, IF AL	NY, GIVING	(B)DUE TO, OR	AS A CONSI	EQUENCE O	F:				
I UNDERLYIN	ABOVE CAUSE (A) ST	Aling the	(c)							
<u>6</u>			(C)							
	IFICANT CONDITIONS									
DISEASE OR	ATH BUT NOT RELATED T CONDITION GIVEN IN					~~~~				
20A. DATE OF			WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes o	r No)
0 1								yes	5	
ZZA EXTERN	NAL CAUSE WAS	22B. P	LACE OF INJURY(e.g.,	in or about	22C. WHER	E DID (If in Boltin	nore City, give exo	at leasting)		
	OR CONTRIB-	home,	form, foctory, street, offic	e bldg., etc.)	INJURY OC	CUR? Rte.	40 &Turf	Valle:	y, Wes	t of
22D. TIME (Month) (Doy) (Ye	or) (Hour) 22	Street/ E.INJURY OCCURRED	5		Orchard	CUR?		03-0	0
OF INJURY			HILE AT NOT	WILLIE						
23.	-18-69 2:45	A. m. W	ORK ATV	VORK X	Pedest	trian str	uck by tr	uck		
	ify that I held an	Inquiry	Inspection Au	topsy	and the	at on this basi	s, death in my	aninian		
	ed fram: Natural co		cident 🛭 Suicio		lamicIde [7	mined monner	_		
resuit	ed from: Notorol Co	A AC	Julien & Julien	ae 🗀 🕠		DICAL EXAMINE	LJ			
ACTUAL	(hul	1 211/	16	455			10		DATE SIGN	IED
SIGNATU		1 VICA	M.D).		DICAL EXAMINE			10	
NAME (T	P-61A / B	341	N. KORNR	LUASS	PCIATE MEI	DICAL EXAMINE	Y L	N X	:69	
24A. BURIAL CREA	MATION, 24B. DATE	1240	NAME of CEMETERY	or CREMAT	ORY	249 LOCATIO	NU ACIN HOW	of county)	S & A Stot	Alvi
REMOVAL (Specif	y) 5-1	5 69			*****	DD 037	7 30 55		70.00	
					UNI	MERSIT	MEDIC	AL	SCHO	
25A. DATE REC'D	BY HEALTH DEPT 9	25B NAME	OF REGISTRAR	A 125C.	FUNERALI	DIRECTOR	A	DORESS		
M	HI B	novel	J. Janoca	No. of Street, or other Persons and the street, or other persons and the street, or other persons and the street, or other persons are street, or other persons a	- 10.	ODELLE	W CEDY	ICE	pos	62

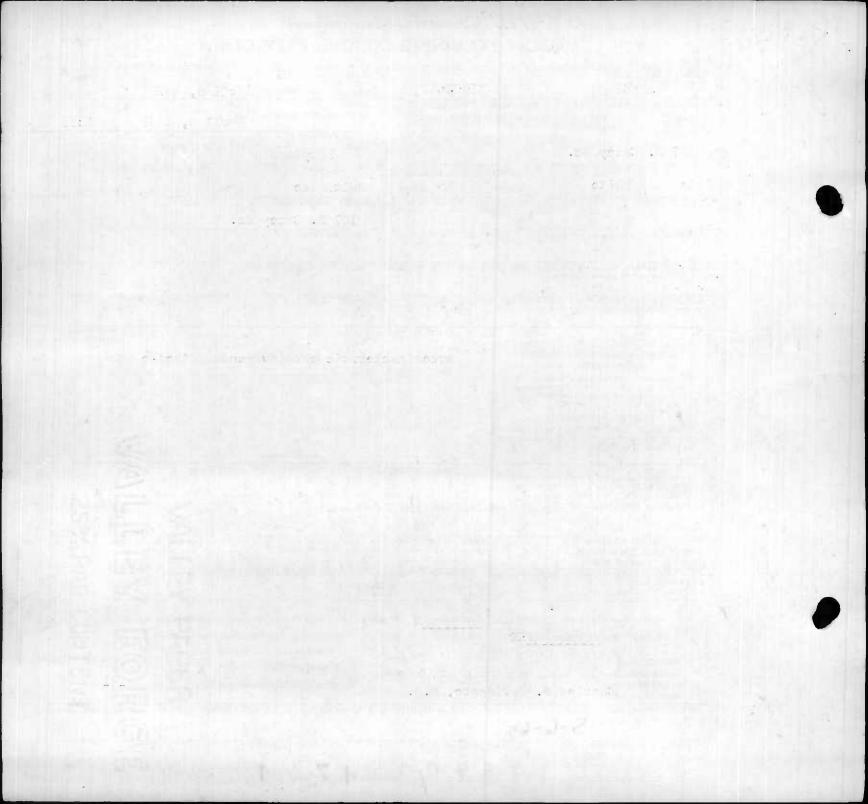


69 4772 BALTIMORE CITY HEALTH DEPARTMENT

69 4772

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO.
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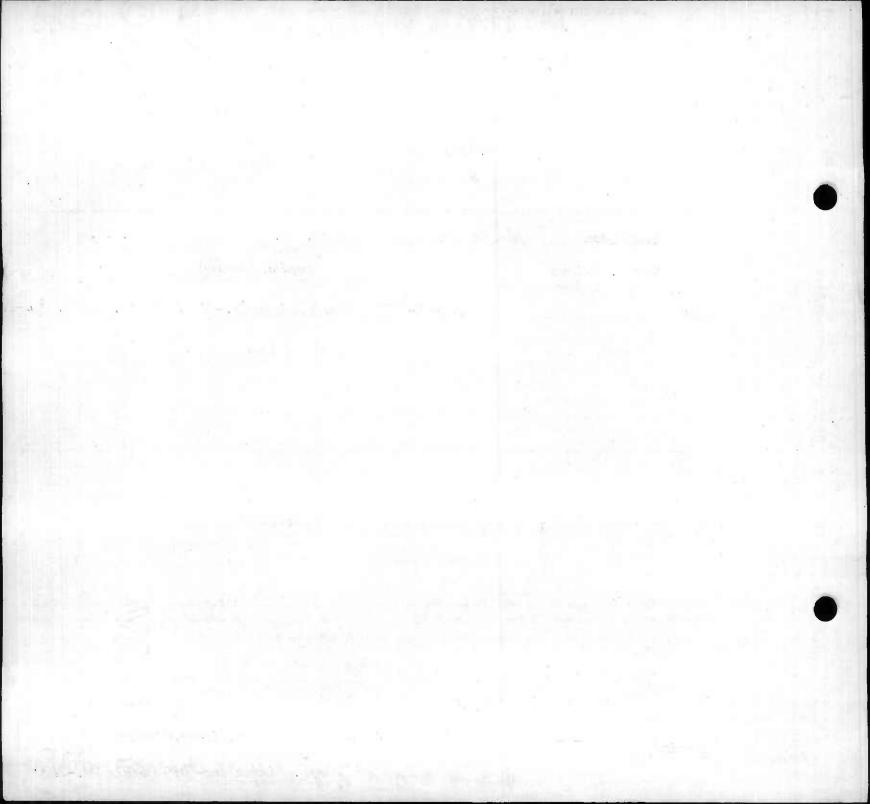
BIRTH NO.										
Type or Print)				, TD, 101 Y	2. DATE OF	Known X	Month	Doy	Yeor Hou	ır
. 1	AMES		ř	KIDWELL	DEATH	Estimated 🗌	April	6, 1969		٨
ULL NAME OF	TIMORE, MARYLAN			UNCED DEAD ON, GIVE STREET	3. DATE PRONOL	INCED DEAD	Month	Day	Yeor Hou	
HOSPITAL OR INSTITUTION	ADDRESS OR L		31110110	N, GIVE SIREEI				1 6, 1969		:55 A,
	Carey St.				A STATE	Maryland	e deceosed liv	B. COUNTY	sidence before	odmission)
SEX	7. RACE	8. MAR	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CITY	LIMITS?	
Male	White		WED [Ba1t	imore		YES [□ NO [
DATE OF BIRT	H 10. AG	E (In years thdoy) 68	If Une	der 1 Yr. If Under 24 Hrs. ns Doys Hours Min.		N. Carey	St.			
I. BIRTHPLACE	State ar fareign caunt	(v)		TIZEN OF THAT COUNTRY?	13. FATHER					
	JPATION (Give kind of working life, even if reti		D OF B	USINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME			
	ED EVER IN U.S. AR	La Lacerta	e2 [17. SOCIAL	18. INFORM	A A NIT		ADDR	DESS	
es, no or unknown	(If yes, give wor or d	otes of service	:e)	SECURITY NO.	I OKI	and the second		700	(233	
19. // /	0.11			CAUSE OF DEA	TH .					MATE INTERVAL
7/0	271			0,1000					BETWEEN O	NSET AND DEA
	SE OR CONDITION (LEADING TO DEATH					c cardiov	ascula:	r disease		
(This does n	not mean the mode of	of dying, e.g.		(A)IMMEDIATE O	AUSE AS A CONSEQ	UENCE OF:				
heort foilure	e, osthenio, etc. It meor mplication which couse	is the diseose, d deoth.)				3.000				
	OR CONDITIONS, IF	_	C	(B)	AS A CONSE	DUENCE OF:				
RISE TO TH	E ABOVE CAUSE (A)	STATING TH	E	552 10, 51	A	GOLINGE OI.				
Z	NG CONDITION LA	31.		(C)						*****
O THE DE	II NIFICANT CONDITION ATH 8UT NOT RELATE R CONDITION GIVEN	D TO THE TER	MINAL	(22222222222222222222222222222222222222						
20A. DATE O			•	WHICH OPERATION W	AS PERFORM	ED		2	1. AUTOPSY?	(Yes or No)
								5.000	No	
	NAL CAUSE WAS		228. P	LACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimo	re City, give exact le	ocation)	
	G OR CONTRIB.		nome,	farm, foctory, street, offic	e blag., etc.)	NJURT OCCUR				
		(Yeor) (Ho	′	E.INJURY OCCURRED	2	2F. HOW DID IN	NJURY OCC	JR?		
(APPROX.)			m. W		WHILE ORK					
23.										
I cer	tify that I held on	Inquiry		Inspection X Au	topsy	ond that on	this bosis,	deoth in my op	Inion	
resul	ted from: Notural	couses	Ac	cident Suicio	de 📙 Ho	omicide 🔲	Undetermi	ned monner		
ACTUAL	00	01	1	11. 1		CHIEF MEDICAL	EXAMINER		DATE	SIGNED
SIGNAT		SU	, =	X JAME	ASSI	STANT MEDICAL	EXAMINER	lXI		
EXAMIN NAME (IER'S Charles	s S. Sp	ring	gate, M.D.	ASSC	CIATE MEDICAL	EXAMINER		4-6-69	3 27 4 7
24A. BURIAL CRE		TE	240	NAME of CEMETERY	or CREMATO				racounty) 1 h h	State)
CINO ANT (Spec	"" 5-	-6-60	3			FIRITATE	DCITY	MEDIC	AI CO	HOOL
SA. DATE REC'D	BY HEALTH DEPT.			OF REGISTRAR	25C.	FUNERAL DIREC	TOR	ADD	RESS'	TIUUL
MA	Y 9 1969	(Q	Ques!	2 8. Failer	A.D.	7 /200	bTILL	DW CEDY	MCE	DCH
S 151-REV. 1/1/6	8	: 173 4				1 THU	MIUA	AI SER	TIVE -	DUI



VS 150-REV. 1/1/68

	00	BALTIMORE CITY	HEALTH DEPARTMENT		CO Emin	
	69 4'	773 CERTIFICA	TE OF DEATH	REG. NO.	69 477	3_
	IRTH NO.	CLKTITICA				
	ype or Print) Rainey	FRANK S		AND HOUR OF DEATH	0.50	
				-4-69	8,50	P M.
3	. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		Where deceased lived. If i DUNTY	institution: residence before od	mission)
II F	ULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION. GIVE STREET	Mery land	21212	21-0	7.
	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
12	,		Beltimore		YES NO	
16	Lotheren hospital of M	lacture	E. STREET AND NUMBE			
	0	17 10110	4506 A	nain field	AVE	
5.	SEX 6. RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under	
	Mele W, WIDON		10-26-0	3 lost birthdoy) 65	Months Doys Hours	Min.
10	A. USUAL OCCUPATION (Give kind of work 10B, KIN)		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT CO	DUNTRY?
	one during most of working lile, even if retired)				11 5 1	
	Stone Moson John	n McShane	Balto. Md.		U.S.A.	
113	3. FATHER'S NAME 12.		14. MOTHER'S MAIDEN			
	John T. Rainey		Louise	2 Sterley		
15	o. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	At	SECURITY NO.	Frank Dais	O216 14	th Ave. Balto.	M
	No	CAUSE OF DEATH	Frank Kaune	y /16 = >10 17.	APPROXIMATE INT	FRV AL
	18.16211	CAUSE OF DEATH			BETWEEN ONSET AN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE CA. of t	he lune		
	(This does not meon the mode of dying,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	7		
	heart foilure, osthenio, etc. II meons the dise		A CONSEQUENCE OF.			
	ANTECEDENT CAUSES	(B)				
	DISEASES OR CONDITIONS, if any, gi	ving DUE 10, OR AS	A CONSEQUENCE OF:			
	UNDERLYING CONDITION last.	(c)				
	II II					
11 3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG				
i	I DISEASE OR CONDITION GIVEN IN PART 1 (A).	AAL				
1	19A. DATE OF OPERATION 198, CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes o		FINDINGS CONSIDERED	
	WAS PERFORMED			in Canin into Ci	AUSES OF BEATH.	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg INTIRY OCCUP	D (It in Boltime	ore City, give exoct location)	
	DEATH (notify medical examiner)	etc.)	nee stage the entree of			
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
	OF INJURY	While At Not White				
	(APPROX.)	Work At Work				
	22. I certify that (1) (this haspital) attend	ed the deceased fram	512	19 6 9 to	5-4 19	6.0
	that (1) (mg) last saw the deceased alive	on 9-50	19 69 and	d that in (my) (out) ap	pinian death accurred an t	the date
	and haur and from the causes stated above					
	23A. SIGNATURE				23B, DATE SIGNED	
		on d DEGREE Phys	nding Med.	Staff		
	23C. PHYSICIAN'S	Or d DEGREE Phys	S. Director L	→ Phys. →		
	NAME (Type)	2 4 5 2 5 2		1	haria)	
	VEOH-BY	(HI)OR) M'D' OEGREE	Lutheran	hospital of	Ward 15099	
2	4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		D. LOCATION		(Stote)
	5-X-60	Baltimore (eme	etery	Baltimore,	n'ryland	
	Burial	ALE OF DECISION AND	DEC EHNERAL DIREC	TOR	ADDRESS	

M.D. John C. Mitter Inc-0455 Belair Rd. -21206



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

)		69	477	7 /0	HEALTH DEPARTMENT		
	BIRTH NO.			CERTIFICA	TE OF DEATH		05 4//4
	(Type or Print)	GRUSS.	HELEN	М.		AND HOUR OF DEATH AY 04, 1969	
	3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived II in	institution: residence before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	AA Co.	52-00
	1/0	ST.AGNE	S HOSP	ITAL	BALTIMORE	D. INS	YES NO NO
	70	WILKENS		ON AVENUE	E. STREET AND NUMBER	LAND BEACH	
I		RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Manths; Days Hours; Min.
I	FEMALE	WHITE	WIDOWED		02-16-09	lost birthday)	Manths Days Hours Min.
	done during mast of war	ATION (Give kind of work king life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	CLERK 13. FATHER'S NAME		SOCIAL	SECURITY	BALTIMORE,		U.S.A.
	GEORGE	GRUSS			MARY (MCNAM		
	15. Was Deceased Ev	er in U. S. Armed Ford yes, give wor or dote:	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	TETY GROSS	ADDRESS
	NO	,,,,		SECORIII NO.	ST.AGNES HO	OSPITAL BAL	TO. MD.
	(This does not heart failure, as injury or compli AN DISEASES OR rise to the UNDERLYING (OR CONDITION DIR ADING TO DEATH mean the mode of lhenio, etc. II means cotion which coused TECEDENT CAUSES CONDITIONS, if of obove cause (A) CONDITION lost, II ONLY CONDITIONS CON UIT NOT RELATED TO TH DITION GIVEN IN PART	dying, e.g., the disease, death.) ony, giving stoligh the	Jo DOE TO, ORAS (c) Sidney	. / /	Pexicarditis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE OF OF	19B. CONE WAS PERF	DRMED ON WILL	BODY (BONE)	20A. AUTOPSY? (Yes or)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
11	OR CONTRIBUTION	IGI I CAUSE OF	home,	form, foctory, street, offi	or obout 21 C. WHERE DID		e City, give exoct location)
		Aonih) (Day) (Year)	(Hour) 21 E. While	NJURY OCCURRED	21F. HOW DID IN		00-00
1		+ - 69	Work	— AI WUIK		TED BONE	
		et (I) (this hospital) st saw the deceased		MAY 04	ARCH 15	19 69 to MA	The state of the s
				(We) (dld) (dld not) vi	ew the body after death.	not in (my) (dur) opir	nion deoth occurred on the dote
	23A. SIGNATURE	14					23B. DATE SIGNED
	23C. PHYSICIAN'S	Muy!		DEGREE Phys.	Director L.	Staff Phys	
	NAME (Type)	1		23	BALT	IMORE, MD 21	1229
2	S OU 24A. BURIAL CREMA REMOVAL (Spec	IROZ M.D.	24C. NAA	DEGREE	ST. AGNES HO	OSP; CATON &	WILKENS AVES. ly, lown, or county) (Stote)
	Rurial	E /8 /60		v Cross Cem	etery	itchie High	Obles v
2	SA. DATE SECONO	9 1969	SB. NAME OF	ESTADON!	25C. FUNERAL DIRECTO	R	ADDRESS 1216S.CharlesSt

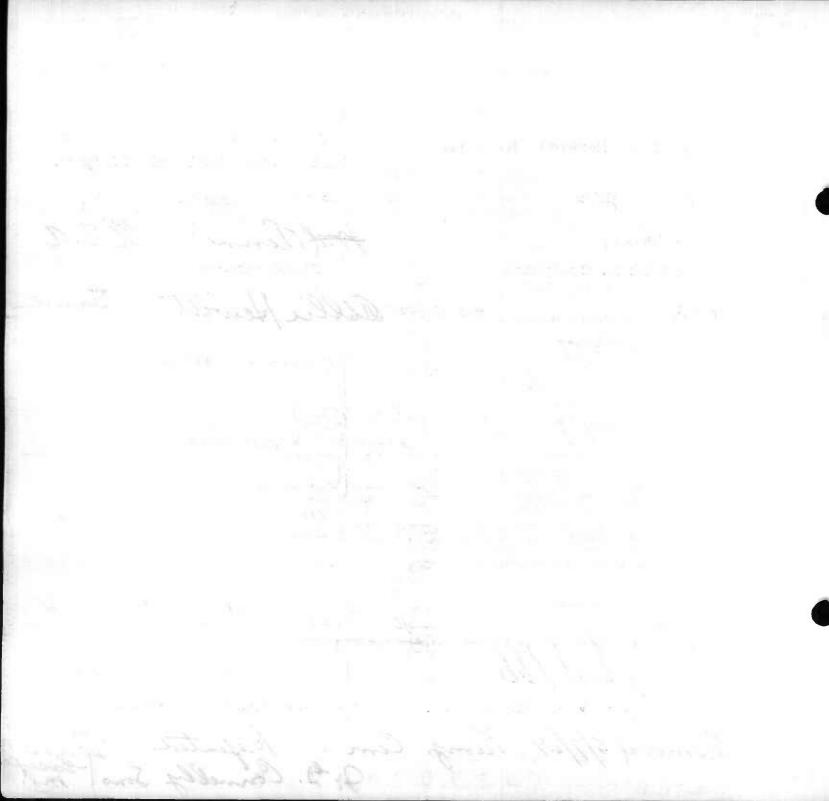
St. Abs. no. 1 Tables

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

00	BALTIMORE CITY	HEALTH DEPARTMENT	V 0	V to the to			
	1775 CERTIFICA	TE OF DEATH	REG. NO.	9 4775			
BIRTH NO. 1. NAME OF DECEASED (Type of Print) ON SUCH SOPI	brania	2. DATE AND	HOUR OF DEATH	5 1100 pm			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE M. B. COUNT	deceased lived. If in	nstitution; residence befare odmissian)			
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	BORGE COOP	SIDE CITY LIMITS?			
House in Pines E	Bel Aire	Pasadena		YES NO			
5837 Belaire Roa	d.	E. STREET AND NUMBER 166 Second St	treet . Lor	ng Point			
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED WED DIVORCED	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)		11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY			
**	heran Hospital	Baltimore 114. MOTHER'S MAIDEN NAM	Maryland	USA			
Thomas Gorsuch		Gertr	ude Gosr	nell			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dales of ser	4 0 0	17. INFORMANT		ADDRESS			
no 18.	218-18-274 CAUSE OF DEAT	Mrs. Chenow:	ith, Neice,	Same as 4			
DISEASE OR CONDITION DIRECTLY		11 -1	. —	BETWEEN ONSET AND DEATH			
LEADING TO DEATH	LEADING TO DEATH This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:						
heart foilure, asthenio, etc. It means the disinjury or complication which coused death.)							
ANTECEDENT CAUSES	100						
DISEASES OR CONDITIONS, if ony,	+	Line					
rise Ia the abave cause (A) slating UNDERLYING CONDITION lost.	the (C)						
1	(34						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		osis Ecollyme!	Valetne	Janes.			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, o	n ar about 21 C. WHERE DID ffice btdg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)			
OF INJURY (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED While At Not Whi	21F. HOW DID INJU	RY OCCUR?	STATE OF THE			
(A PPROX.)	While At Wark						
22. I certify that (1) (thic heepital) atten	22. I certify that (1) (thic theopital) attended the deceased from laster than 19 6 6 to 5/5/19 65.						
that (1) (we) last saw the deceased alive	an	19 67 and tha	t in (my) (ser) api	inion death occurred on the dat			
and haur and fram the couses stated aba	ve. (i) (We) (did) (d id not)	view the bady after death.					
23A. SIGNATURE	Ath	ending Med.	Staff	23 B. DATE SIGNED			
23C. PHYSICIAN'S	DE GREE Phy		Phys.	0/5/67			
NAME (Type)			D. 3 D. 744	3/1			
Albert B. Bradley 24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	DEGREE 4C. NAME of CEMETERY OF CR	4900 Belair F		City, tawn, or county) (Stote)			
	Mt. Olive Cem	etery (Carroll Cou	inty, Ma			
MAY 9 1969	LE ESTABLO	AA TA		Glen Burnie, Md.			
VS 150-REV. 1/1/6B	action of the service of	11 M why wife Life	TELAT LODE	Gren burnie, Ma.			

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BALTIMORE (CITY HEALTH DEPARTMENT
69 4776 CERTIFIC	CATE OF DEATH REG. NO. 69 4776
BIRTH NO.	
Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	5/6/69 210 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMONE YES NORK
33 Johns HONKINS HOSPITAL	E. STREET AND NUMBER
	Siesta Autel 8201 Pulaski Hgwy.
SEX 6- RACE 7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 His. Months; Doys Hours; Min.
Maite widowed Divorced	7 9/13/04 xxx 64
OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUS	STRT 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	bed 1: WS.
S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Taught L. Craighead	Belle Sampson
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (It yes, give war or dates at service) SECURITY NO.	17. INFORMANT ADDRESS
UNK 410-18-802	25 MILLE O Wonder
18. 4 2 CAUSE OF DE	EATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	THE CONSIDERATION ASSESSMENT OF THE PARTY OF
tinis does not mean the mode of dying, e.g., DIETO OR	CAUSE CMILLIOUNSCUMM ACETALOT 48 MAS
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	THE CONSEQUENCE OF
ANTECEDENT CAUSES	Hypotemsion
DISEASES OR CONDITIONS, if any, giving DUE TO, OF	R AS A CONSEQUENCE OF:
rise la lhe abave cause (A) stating the UNDERLYING CONDITION last.	Exposone Arrotherma
C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
C DISEASE OR CONDITION GIVEN IN PART 1 (A).	100 A
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2/	Yes
	t, affice bldg, INJURY OCCUR? (If In Boltimore City, give exact location)
DEATH inality medical examiner) etc.)	
21D. TIME (Month) (Doy) (Yeor) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF MISOR!	While
[APPROX.]	/ark
22. I certify that (I) (this hospital) attended the deceased from	3/2 19 69 to 5/2 19 6/
that (1) (we) last saw the deceased alive an 5/	19 69 and that fn(my) (our) apinion death accurred on the date
and hour and from the courses stated above. (1) (We) (did) (did no	
23A. SIGNATURE	23B, DATE SIGNED
DEGREE DEGREE	Attending Med. Director Phys. 5/6/69
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
John D. Stobo, M.D.	The Johns Hopkins Hospital
DEG	GREE
AS BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (State)
12 may 5/7/69 Dems	Cem . Wedented To.
SA DATE ALLY BY HEALTH DEPT 258 NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR
Mirit 3 1000 Widell E. Tarber.	Plan of the see
S 150-PEV 1/1/68	the second sons int.



	BALTIMORE CITY HEALTH DEPARTMENT
2005	BIRTH NO. 69 4777 CERTIFICATE OF DEATH
and leat asse sase Suc	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print)
- 0 O o =	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whote deceased lived. If institution: residence before admission) A. STATE B. COUNT
2 0	HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 3736 Green moderate 2-01 C. CITY OR TOWN D. INSIDE CITY LIMITS?
lin a l ng cau cause; attend ior to	Bon Secarets Haspital Estreet and number
9 + P - G 9	5. SEX 6. RACE 17. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years If Under 1 Ye., If Under 24 Hrs.
contribu contribu etermine n regular sceased	WIDOWED DIVORCED 7-28-82 lost birthdoy) Months: Doys Hours Min.
ath condetendent	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) doing during most of working life, even if reflied) STATE BOARD OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de Un as e	13. FATHER'S NAME BEAUTICIANS 14. MOTHER'S MAIDEN NAME
	ANTHONIX Deros of TIMA DOVSTED 15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
ssistan the d kindy deat nce o	(Yes, no or unknown) (If yes, gibe wor or dotes of service) SECURITY NO. R. DOROTHY BANNON 3726 GREEPMOUNT AT
of ded ; a	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, e of a nounc atten med	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE Uremia and DUE TO, OR AS A CONSEQUENCE OF:
ner. actur pron	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)
A fr who regu	DISEASES OR CONDITIONS, il ony, giving DISEASES OR CONDITIONS, il ony, giving
e x (3)	underlying condition last. (c) Broncho priming a 2 1/88
medical ledical burns; hysicia n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VIII
e chief me by a med 2) Body bu e the phy physician v	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by b; (2) I here No ph)	O 21A, ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion) OR CONTRIBUTING CAUSE OF Control of the property
ed by nospit ature pt wh (6) N	ZID. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
any n (exce	22. I certify that (I) (this haspital) attended the deceased fram 4 27 19 69 to 5 5 19 69 that (I) (we) last saw the deceased alive an 5 5 19 69 and that in(my) (aur) apinion death accurred an the date
5 5 6 5	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
must be eleased ccident a hospit to deat	23A. SIGNATURE (Dr., Ramirus) DEGREE Attending Med. Director Phys. Staff
ificate ry was re 1) An ac 1.A. at a d prior t	23C. PHYSICIAN'S NAME (Type) ALLOP Bon Scoons Hospital, Balts.
P C O B C	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certif the body shows: (1) was D.O deceased written a	BURIAL NEW CATHEDRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR
ナキャッカッ	MAY 9 1969 1 GROST & Jacks AVHLW THETHER TON 805 N. CALVERT

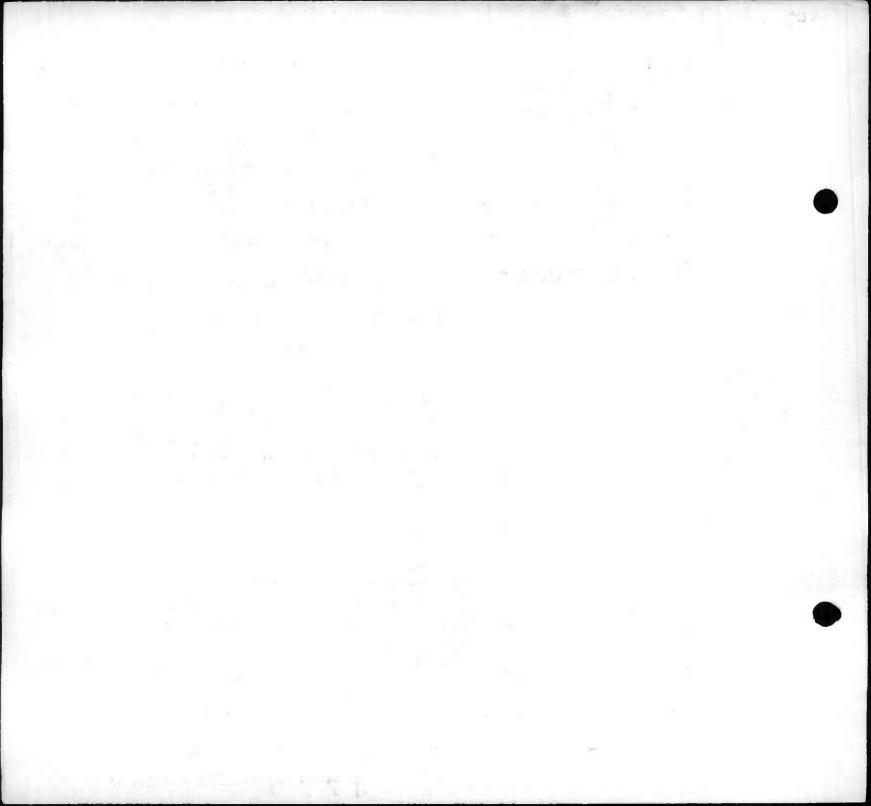
VALLOP 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) (Stote) 24D. LOCATION (City, town, or county) 25C. FUNERAL DIRECTOR BURIAL 25A. DATE REC'D BY HEALTH DEPT. MAY 9 196 NEW CATHEDRAL 25B. NAME OF REGISTRAR CALVERT VS 150-REV, 1/1/6B

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BALTIMORE CITY HEALTH DEPARTMENT

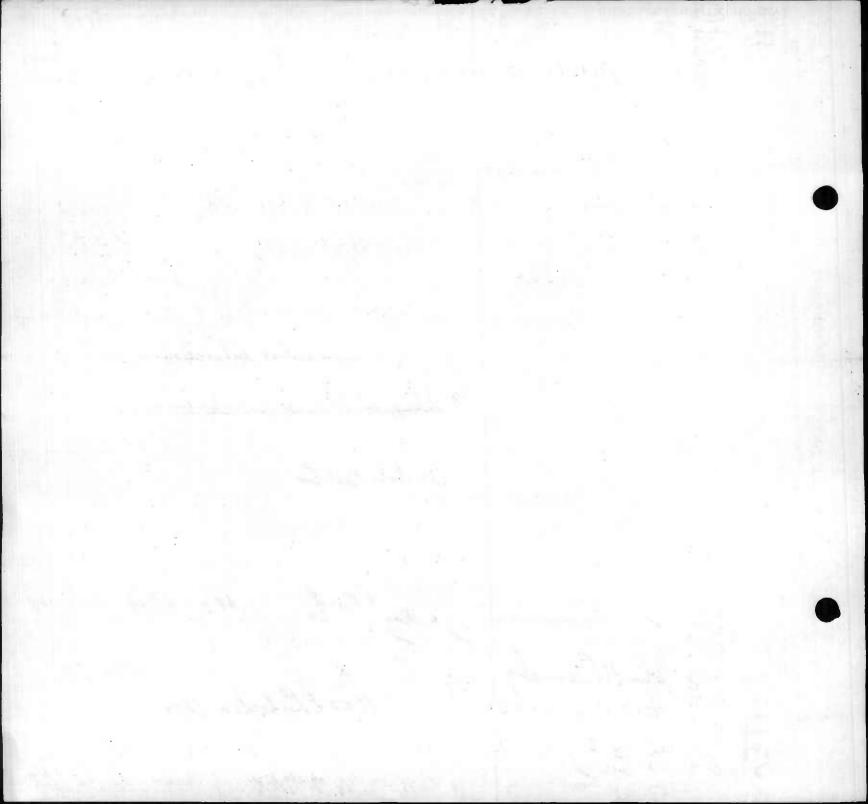
REG. NO.	69	4	7	1

Debet Debet	BIRTH NO. 69 4778 CERTIFICA	ATE OF DEATH REG. No. 69 4778
sital and of death Deceased e on the ith. Such	1. NAME OF DECEASED (Type of Print) STER LILLIAN G.	MAY 8 1969 205 Am.
se se (5) dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY B. COUN
fin a ling cause; attendior to	3 outh Baltimore General Hospital	C. CITY OR TOWN Bultimore Pus No E. STREET AND NUMBER
tributin mined c gular o sed pri made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	56 Glen Ridge Apt # 52-00
contri termi regu	WIDOWED ☐ DIVORCED ☐ 10A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY	lost birthdoy) Months Doys Hours Min.
death t or Under as in e de	done during most of working life, even if retired) 13. FATHER'S NAME	Maryland United States
stant if ne direct ind; (4) eath we e on the	Jacob TRUST 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	CARRIE Viehm YET
d d d d d d d d d	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 220-14-4034- [18. CAUSE OF DEAT	n Harrietas Recalo
Also, i	DISEASE OR CONDITION DIRECTLY Elect	rolyte imbalance BETWEEN ONSET AND DEATH
ner. Jacture pron pron mbalr	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Lle Congestine Lleart Failure
exam exam (3) A fr n who in reg s are e	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost,	A CONSEQUENCE OF:
medical medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	beter Mellitus
chief y a p Body the nysici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he he	OR CONTRIBUTING CAUSE OF home, form, fociory, street, or DEATH (notify medical examiner)	n or obout 21C. WHERE DID (II In Boltimore City, give exact location) ffice bldg. INJURY OCCUR?
proved by the hospi my natur- except w and (6) I	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While AI Not While AI Work At Work	21F. HOW DID INJURY OCCUR?
00000	22. I certify that (1) (this hospital) attended the deceosed from the (1) (we) lost saw the deceased alive on Way	1969 and that In (my) (our) opinion death occurred on the date
eased ident nospit dear	ond hour and from the couses stoted above (1) (We) (did) (did not) v	23B, DATE SIGNED.
	23C. PHYSICIAN'S NAME (Type) ALBERT L. DAW MD	South Balt . Hen House Balt Md.
E-11-00 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
	25A. DATE REC'D BY HEALTH DEPT. MAY 9 1969 Proposition 25B. NAME OF REGISTRAR MAY 9 1969 Proposition 25B. NAME OF REGISTRAR	Prederick Ave Balto Md 25C. FUNERAL DIRECTOR ADDRESS M. Thomas J. Kenny Inc. 1600 Hollins St
	VS 150-REV, 1/1/68	



VS 150-REV. 1/1/6B

	CO ATTO BALTIMORE CITY HEALTH DEPARTMENT GO ATTO
	BIRTH NO. CERTIFICATE OF DEATH
	1. NAME OF DECEASED MADE G. Reichwein 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Wheek deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
4	2211 W Rocers Ave 2211 W Rocers Ave
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost) birthdoy) Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME
	L/AS JODER 15. Was Deceased Ever in U. S. Armed Forces? (Yes, go grunknown) (Iff yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
	18. CAUSE OF DEATH 18. CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE My ocar dial sufarction DUE TO, OR AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. 11 means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) White pullsoft Cantle product
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF CONDITION GIVEN IN PART 1 (A). DISEASE OF OPERATION 198. CONDITION FOR WHICH OPERATION 179A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Baltimare City, give exact location)
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?
	22. I certify that (1) (this hospital) attended the deceased from 4 March 1969 to 6 May 1969, that (1) (w) lost sow the deceased alive on 6 May 1969 and that ln(my) bour opinion death occurred on the date
	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Staff Director Phys. 8 May 69
	NAME (Type) JOHN W BARNABY DEGREE 652 E Bebodere Ore [24A. BURIAL CREMATION, [24B. DATE [24C. NAME of CEMETERY of CREMATORY [24D. LOCATION, (City, town, or county)] (Stote)
	BUNIZI 5-10-69 B2/+ IMURI Cem B2/+ IMURI Mcl
	25A. DATE RECORNING OF REGISTRAR 25B. NAME OF REGISTRAR 25G. DATE TO DELLA PROPERTY



FUNERAL DIRECTOR: IMPORTANT by the chief medical examiner or his assistant if de

	68	2100	TY HEALTH DEPARTMENT	legistered No. 69 4781
BIRTH NO. M.E. CASE NO.		CERTIFIC	ATE OF DEATH	legistered No. OD 9.701
1. NAME OF DEC		alen cecilia Cipar	2, DATE AND HO	
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	May 5, 3	cosed lived. If institution: residence before
FULL NAME O	OF (If not in hospital oddress or locatio	or institution, give street		city limits, write RURAL and give township
INSTITUTION			Baltimore Md.	eny minis, while RONAL one give township
94 Ins	titute of Not	re Dame	D. STREET ADDRESS (If rurol, 901 Aisquith st	give location)
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AC	E (In years If Under 1 Yr., If Un
Female	White	WIDOWED DIVORCED (specify)	July 22,1898	Months Doys Hours
	working life, even if retired)	Religious	RY 11. BIRTHPLACE (Stote or foreign co	WHAT COUNTRY?
13. FATHERS NA	-	MOTIBIONS	14. MOTHER'S MAIDEN NAME	Hungary
Joseph	Cipar		Helen Magoszy	71
15. Was Deceases	Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	Hungary
41-	(If yes, give wor or dote	s of service) SECURITY NO.	Sister m.Stan.Kos	tka
18. 24	0 01	CAUSE		
	SE OR CONDITION DI	RECTLY		ONSET AND
	LEADING TO DEATH	(A) In	testinal hemorrhage	, site undetermined
	not mean the mode of asthenia, etc. It means	dying, e.g., DUE TO the disease,	#####################################	P-0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	mplication which caused	death.)	nontingens ASCVI	pite undetermined
	ANTECEDENT CAUSES	DUE TO		
	OR CONDITIONS, if e abave cause (A)	any, giving		
	G CONDITION last.	(0)	***************************************	
OTHER SIGN TO THE D DISEASE OR	IFICANT CONDITIONS COEATH BUT NOT RELA	ONTRIBUTING		
DISEASE OR	CONDITION CAUSING	T. DITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B	3. IF YES, WERE FINDINGS CONSIDERED
19A. DATE O	WAS PER			CERTIFYING CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING CAUSE OF		office bldg., INJURY OCCUR?	(If in Baltimore City, give exact location
O 21D, TIME		(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?
OF INJURY		While At Not W	hile	0 C C C C C C C C C C C C C C C C C C C
	1 .60/.1.	Work L At Wo		6 2000
0	0) ottended the deceased from	A	
	lost saw the decease			(my) (aur) apinion deoth occurred a
and hour an		ted obove. (1) (We) (did nat) view the body after deoth.	23 B. DATE SIGNED
23A. 310NAT		M.D.	Attending Med. Stoff	5/7/60
226 111111	an dave		hys. Director Phys.	2/1/69
PHYS/CIA	John J.	Darrell, M.	23D. ADDRESS 9017 Liberty Road,	Randallstown, Md.
24A. BURIAL CRE	MATION, 248. DATE Specify)	24C. NAME OF CEMETERY OF	CREMATORY 24D. LOCAT	TON (City, town, or county)
RURIAI	5-7-69	SISTERS CEMETE	RY COS	MO FLIMORE
ZSA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS ADDRESS
	MAY 9 1969,	Of De toe Sarbe	THE HAMOND O'GOK	RAN 817 JCARLET
S 150-REV. 1/1/	65		44/6	1 CUSON, MD.

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such experien approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	69		BALTIMORE CITY	HEALTH DEPARTMEN	1	60 4784
	00	4781	CERTIFICA	TE OF DEATI	H REG. NO	03 4/01
BIRTH NO.	ASED			12 DAT	E AND HOUR OF DEATH	4
(Type or Print)	11 1 -	- N G	-++	N	10 / 10 /	0 10:300
3. PLACE IN SALTI	MORE MARYLAND, W		DEAD	4. USUAL RESIDENCE	Where deceased lived. If	institution; residence before admission
					OUNTY	F 0
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION.	GIVE STREET	C. CITY OR TOWN	32110.Co.	SIDE CITY LIMITS?
44 (Juion M	emovial 1	tosb.	Balt: WE. STREET AND NUMB		YES NO
				2614	Taylor Au	e,
S. SEX	RACE	7- MARRIED NEV	/ER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
M	W	WIDOWED	DIVORCED	1/5/9	5 last birthday)	Months Doys Hours Min.
	ATION (Give kind of work orking life, even if retired)	108, KIND OF BUSIN	E22 OK INDOZIKI	11. 8IRTHPLACE (State of	tateign country)	12. CITIZEN OF WHAT COUNTRY?
Guar		Tow State	Co1.	m4.		U-5.
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN		
1= 9	mond Ge	ttier		Car	rie STV.	7799
15. Was Deceased E (Yes, no or unknown) [ver in U. S. Armed For If yes, give war or date		CIAL CURITY NO.	17. INFORMANT		ADDRESS
Yes	WW1	216	-09-7902	Hospita	records	
18. LL 2	701		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE	OR CONDITION DI	RECTLY		M /	P 4 1.	BETWEEN ONSET AND DEATH
	EADING TO DEATH		(A) IMMEDIATE CAU	SE Myrearais	1 Insufficie	ney
	I mean the made of sthenia, etc. It means			CONSEQUENCE OF:		
	lication which caused		C 0 1	ebrovascul	ar Accide	51
A	NTECEDENT CAUSES		(0)	diames		9 60.
DISEASES OF	CONDITIONS, IF	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	above cause (A) CONDITION last.	stating the	(c) Cong	estive Hear	nt failure	
	11-		9		0	
	ANT CONDITIONS CO					D. H.
	NDITION GIVEN IN PAR	T 1 (A).				
19A. DATE OF	OPERATION 198. CON		OPERATION	20 A. AUTOPSY! (Yes		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING CAUSE OF	218, PLACE home, farm etc.)	OF INJURY (e.g., in foctory, street, of	or obout 21 C. WHERE DI	D (If in 80)time R?	ore City, give exact location)
	(Manth) (Day) (Year)	(Hour) 21E INJUR	Y OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		While At p	Nat While			
		Work L	At Work			//
22. 1 certify t	hat (1) (his haspital		1	pril 14	19 69 to W	on 6 1969,
that (I) (we)	ast saw the decease	d alive on	07 0	19 69 an	d that In (my) (aur) ap	olnion death accurred an the date
and have and	from the causes stat	ed abave. (1) (We)	(did) (did nat) v	iew the bady after de	oth.	
23A. SIGNATUR	. 7		Land . Atte			23 B. DATE SIGNED
Ch	2/26	J Goshe	OEGREE Phys	nding Med. Director	Staff Phys.	5/6/69
23C. PHYSICIAN NAME (Typ	rs oe)			3D. ADDRESS	- F - 2-1	
24A. BURIAL CREM	ATION, 248, DATE	24C. NAME of	GEGREE CEMETERY of CRE	MATORY 124	D. LOCATION (City, town, or caunty) (State)
REMOVAL (Sp	ecify)					
BUT1al	5/9/69	Baltim		onal Cem	Baltimore	Maryland
DATE REC D 8	AY O 1000	258 NAME OF REGI	Jarber D	230. FUNERAL DIRE		
		1 70 70 70 70 70 70 70 70 70 70 70 70 70	The same of the sa	II hamma la Modia A C	50N 8802	2 Harford road

2. sunt off good lanamate would 20 A rolper T MIDE 11 30/21. Transfe Pivens P. dwend Gettier of p Tradital enteriorardesas a fine on the line of the

The same of the sa	er. Also, if the direct or contributing cause of death	rns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	sician who pronounced death was in regular attendance on the	was in regular attendance on the deceased prior to death. Such	moins are embalmed or final disposition is made.
or his dissista	Also, if the	re of any kind	nounced dea	attendance o	med or final
dical examiner	ical examiner.	rns; (3) A fractu	sician who pro	was in regular	nains are embal

physician

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any nature;

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 7, 69 Ruby Seiler May 2:30 am. M. 4. USU. IA. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL O OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES -NO E. STREET AND NUMBER Century Nursing Home 102 North Paca Street 69. AGE (In years S. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Days If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours March 2,1884 F.M. White WIDOWED A DIVORCED IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) from the Ward Baking Co. Savana Georgia U.S.A. Unknown Unknown 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL 47 Upmanor Rd. SECURITY NO NO 216-05-9060A Mrs. Herbert Finnegan Baltimore, 21229 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the obove couse (A) stating the UNDERLYING CONDITION last. Н OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exoct lacotion) DEATH (notify medical examiner) MEDI obtained 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) Work Al Work 22. I certify that (1) (this hospital) attended the deceased from Dec be that (1) (we) lost sow the deceased alive an. ond that in (my) (opinian death accurred on the date must and haur ond from the couses stated obove. (1) (We (did) (did nat) view the body ofter deoth. 23A, SIGNATURE 23 B. DATE SIGNED Attending Med. Staff Director L pproval Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, (City, town, or county) 0 REMOVAL (Specify) 69m Lorraine Windsor Mill Rd. Balto. Md. Burial May
25A. DATE REC'D BY HEALTH DEPT. Lorraine Park Cem. 2SC. FUNERAL DIRECTOR 3

8728 Liberty Rd. Randallstown VS 150-REV. 1/1/68

VS 153 5-27-69 M.H.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

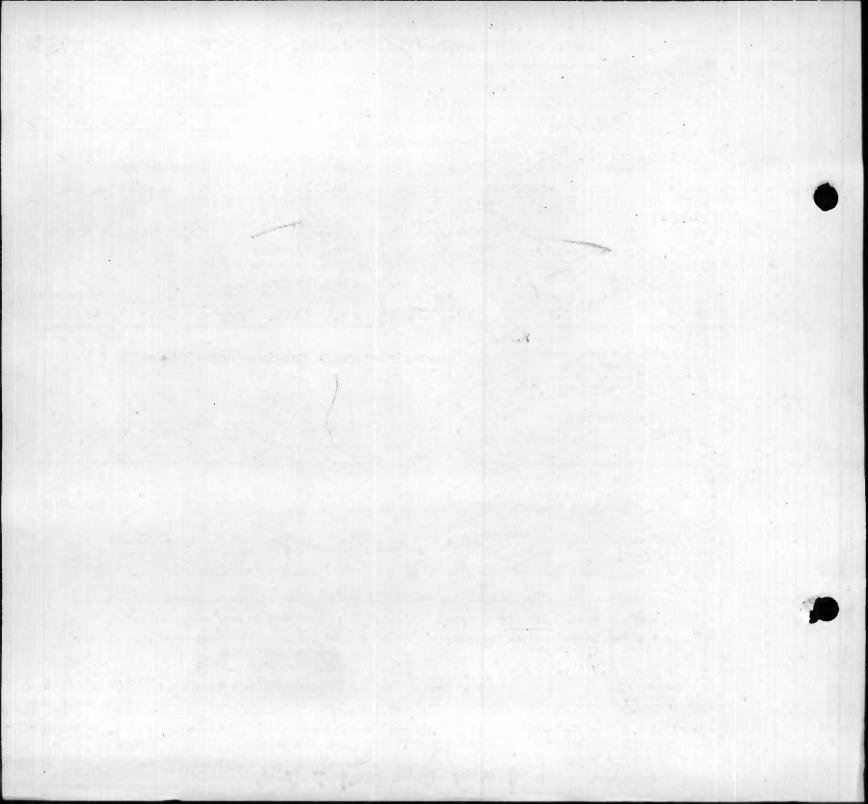
	HEALTH DEPARTMENT
69 4783 CERTIFICA	TE OF DEATH REG. NO. 69 4783
I. NAME OF DECEASED	2. DATE AND HOUR OF BEATH
Type or Print OTIS COO BER	5/4/69 83/0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If institution: tesidence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland (4, (4 5)-00
INSTITUTION	Baltimore NSIDE CITY LIMITS?
3The Johns Hopkins Hospital	E. STREET AND NUMBER
	5920 Belle Grove Road
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 %. If Under 24 His. Months; Doys Hours; Min.
Male Negro WIDOWED DIVORCED IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	6/10/01 67
done during most of working life, even if retired)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
LORDOFEN 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Relich Contras	Pagin Adam Milt
15. Wg4 Deceased Ever in U. S. Afrined Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	CHILL IN TO LAND LAND
18. / CAUSE OF DEAT	H WARE 13 BUYOUN CALLYMI- WWALL TOWN APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	se Chemia 1-Zyu.
heart failure, asthenia, etc. It means the disease. DUE 10, OR AS	A CONSEQUENCE OF:
injury or complication which coused death.)	lach lien Ht sa.
ANTECEDENT CAUSES (B) USE TO OR ASSESSED TO OR ASS	a CONSEQUENCE OF:
rise to the above cause (A) stating the	COMPENDENCE OF:
UNDERLYING CONDITION last. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL IN THE DEATH BUT NOT RELATED TO THE TERMINAL	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in	Yes Eng telegraph NO
OR CONTRIBUTING CAUSE OF CORE CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF CONTRIBUTION CONTR	fice bidg., INJURY OCCUR? (If In Boltimore City, give exact location)
21 D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY While At Not While	
22. 1 Contify that (I) (this haspital) attended the deceased from	4/20/69 10 -14
that (1) (we) last sow the deceased alive on 5/4/6	2 19 and that I (my) (our) opinion death occurred on the date
and haur and from the couses stated above. (1) (We) (did) (did nat) v	
23A, SIGNATURE	23 B. DATE SIGN BO
Co- D. HARRY. M. D. DEGREE Phys	nding Med. Staff Director Phys. Dutlen 5/4/69
23 C. PHYSICIAN'S	3D. ADDRESS
Boward O. CHAR M. M. D.	1519 E. MONUMENT St. BALTIMORE AND
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
Burial 5/8/1969 1/14 Calvary	Com. Borto, Illa
25A. DATE REC'D SY HEALTH DEM. 25E. NAME OF REGISTEAR MAY 9 1969	25C. FUNERAL DIRECTOR ADDRESS
MAY 9 1969 Novert Cotorban	Millians Junera Home 319 N. Schreeder St.

201 11 11 La Per Acres Hillian Comment of the second second form of the second F-600

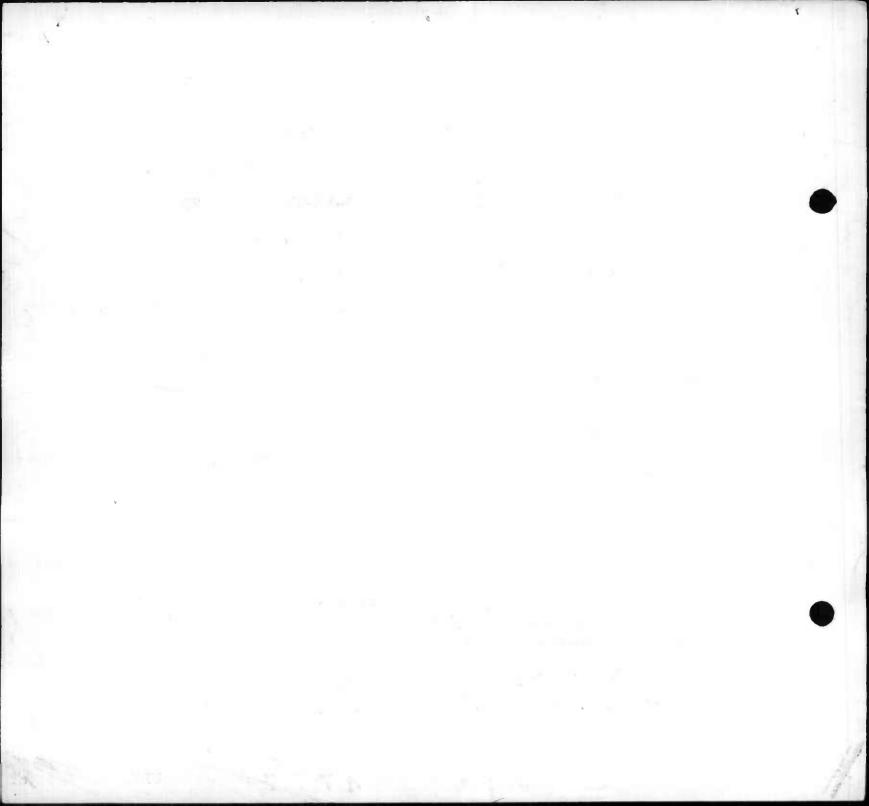
VS 151-REV. 1/1/68

1784 BALTIMORE CITY HEALTH DEPARTMENT

M		CAMINER'S			DEATH	1	69	478	14
BIRTH NO.						* REG. NO	0.0	710	
1. NAME OF DECEASED (Type or Print)			2. DATE OF	Known	Month	Day	Yeor	Hour	
PAUL	FARR	OW	DEATH	Estimated 🔀	11				М.
4. PLACE IN BALTIMORE, MARYLAN			3. DATE	NCED DEAD	Month	Day	Year	Hour	
FULL NAME OF (IF NOT IN HO HOSPITAL ADDRESS OR OR INSTITUTION	SPITAL OR INSTITUTIO LOCATION)	N, GIVE STREET		SIDENCE (Where	May	4,	1969	11:24	M.
Lutheran Hospi	ital (DOA)		A. STATE	ryland		COUNTY	15.	06	
S. SEX 7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TÓWN	STELL .	D. INSIDE CITY	LIMITS?		
male negro	WIDOWED	_	Ва	ltimore		YES	IXI N	10 🗆	
D. DATE OF BIRTH 10. AC	GE (In veors If Un	der 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER					
9 10 19 1 .	irthday) Month	ns, Days, Hours, Min.		51 W. Nor	th Aver	nue			
1. BIRTHPLACE (State or foreign coun	1ry) 12. C	ITIZEN OF	13. FATHER'	NAME					
Apex, North Car	colina "	HATSOUNTRY?	Cor	n Farrov	7				
4A.USUAL OCCUPATION (Give kind of	work 148. KIND OF B	USINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME				
one during most of working life, even if red UnempLoyed				a Farrov	7				
6. WAS DECEASED EVER IN U.S. A	RMED FORCES?	17. SOCIAL SECURITY NO	18. INFORM				DRESS		
NO.	doles of service;	228-07-423	5 Mrs.	Lillie	Farro	w 305.	L W.	North	Ave
19.4/24		CAUSE OF DEA	тн					ROXIMATE INTE	
DISEASE OR CONDITION	DIRECTIV			11		D:			
LEADING TO DEAT				ic Cardio	vascula	ir Disea	se		
(This does not meon the mode		(A) IMMEDIATE (AS A CONSEQ	JENCE OF:					
heart failure, asthenio, etc. It med injury or complication which caus	ons the disease, ed death.)								
				115					
ANTECEDENT CAUS	ES	(B)							
DISEASES OR CONDITIONS, I	F ANY, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERLYING CONDITION L		(c)							
Ž		(C)							
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 20A. DATE OF OPERATION 20B.	ED TO THE TERMINAL								
DISEASE OR CONDITION GIVEN 20A. DATE OF OPERATION 20B.		WHICH OPERATION W	AS PERFORM	FD			21 AUTOF	SY? (Yes ar	No)
O O O CENTION	COMBINOTORY	WINCH OF EXAMON W	AS TERTORIN				III NOTOL	311 (,
_	Inco n	LACE OF INITION	:b4 2	OC WHERE DID	(If to Delate on	City sive sweet	Innation		
UNDERLYING OF CONTRIBUTING CAUSE WAS	home	LACE OF INJURY(e.g., form, foctory, street, office	e bldg., etc.)	JURY OCCUR?	(it in painmare	e City, give exoci	roconony		
22D. TIME (Manth) (Doy)	(Yeor) (Haur) 22	E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	R?			
OF INJURY (APPROX.)	w		WHILE						
23.	m. W	ORK L AT V	VORK						
1 certify that I held ar	Inquiry 🔀	Inspection Au	topsy	ond that on t	his basis,	death in my o	pinian		
						ed monner			
resulted from: Noturo	I couses A	scident Suici				ea monner	,		
ACTUAL A.A.O.	1	1-		CHIEF MEDICAL I			ı	DATE SIGNI	D
SIGNATURE / 1005	weh.	m (M.D	ASSI:	TANT MEDICAL	EXAMINER	X A		7 10	10
EXAMINER'S	1	2	ASSO	CIATE MEDICAL	EXAMINER	[] /Y	ay	1,19	69
NAME (Type)	0						-/	,	
24A. BURIAL CREMATION, 24B. DA	ATE 240	. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	ar county)	(Stote)
Burial 5-	-9-69	Mt. Auburn	Cemet	ery	Balti	more,	Ma	rylan	d
25A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR		UNERAL DIRECT			DRESS	-	
MAY 0 1989	130 A	E 3.00	AT IN			T	70.		
0 1000	1 TOKEN	P. Morton	MO	RTON, & I	DYETT	F.H. 1	/01 I	auren	s St
/S 151-REV. 1/1/6B	7	7 (7	6	1 : 0	3				V



作	×463 69	4785		HEALTH DEPARTM		DEC NO	69	4783	5.
ВІ	RTH NO.		CERTIFICA	TE OF DEA	TH	KEG. NO.		2.10-	
	NAME OF DECEASED			2. DATE AND HOUR OF DEATH					
	Luvenia G	ilvard			5/6/	69 8:	BOAM		м
	PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDEN	CE IWher B. COUN	e deceased lived If	institution:	residence before	odmission)
II H	ULL NAME OF 11F NOT IN HOSPIT. OSPITAL OR ADDRESS OR LOCA	Marylar c.city or town Baltimo		D. IN	SIDE CITY		_		
12	33			E. STREET AND NU			YES	NO [
	Johns Hopkins			vlvania A	ve.				
	SEX, 6. RACE	WIDOWEDXX	DIVORCED	8. DATE OF BIRTH 5-17-91		ost birthday)	If Und Month	der 1 Yr. II Ur B Days Haurs	nder 24 His. Min.
do	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) RETIRED	108, KIND OF BUS	INESS OR INDUSTRY	Winnsboro	e or larei		12. CI	U.S.A.	COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIL	DEN NAA	AE			
	William Hare (hai	r)							
15.			SOCIAL	Eliza 17. INFORMANT	HAIR			ADDITA	
(Ye	Was Deceased Ever in U. S. Armed Fores, no or unknown) lif yes, give war or date	s of service)	SECURITY NO.	Mr. Norm	an G	ilyard	2539	Penna.	Ave.
ATION		iny, giving slaling the ITRIBUTING E TERMINAL 1 (A)	(c)	SCVD and 1 A CONSEQUENCE OF	nype:	rtension			
ERTIFIC	19A DATE OF OPERATION 19B. CONI	ORMED WHIC	H OPERATION	YES	es ar No)	208. IF YES, WER	FINDING AUSES OF	S CONSIDERED DEATH?	0
CAL CE	21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLAC home, for	CE OF INJURY (e.g., in m, foctory, street, offi	ar obout 21C. WHERE ce bldg., INJURY OC	DID CUR?	(If In Baltim	ore City, gi	ve exact lacation	
MEDI	21D. TIME (Month) 1Doy) (Yeol) OF INJURY (APPROX.)	(Houd) 21E, INJU While At Work	DRY OCCURRED Not While At Work		DID INJU	IRY OCCUR?	۲,	6/59	
	22. I certify that (I) (this hospital)	attended the de	ceased from	5/5/69	1	9ta	5/		19
	that (1) (we) lost saw the decease	allye on	5/6/69	19	and tha	t In (my) (our) o	Inlon dec		
-	and haur and from the causes state	d above. (1) (Wa	(did) (did not) vi	ew the body after	death.				
1	23A. SIGNATURE	11	Atten	dia con Mad			23B, DA	TE SIGNED	
	Xuu W.	Hamps	DEGREE Phys.	Director	, 🗌 🦂	hys.			
	23C.PHYSICIAN'S NAME (Type) 'NOVIN N. Hel	nessey,	MD	The Johr	ns Ho	opkins Ho	spit	al	
24/	A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME	of CEMETERY OF CREA	MATORY	24D. LO	CATION I	ity, town,	ar county)	(Stote)
	Burial 5-10-6	9 Carve	er Mem. Pa	rk	La	aurel,	M	aryland	1 3 7 3
25/		25B. NAME OF RE		25C. FUNERAL DI	RECTOR	ZEPT F.H.	170	ADDRESS	ens Sr
VS	150-REV- 1/1/68	The state of the s							

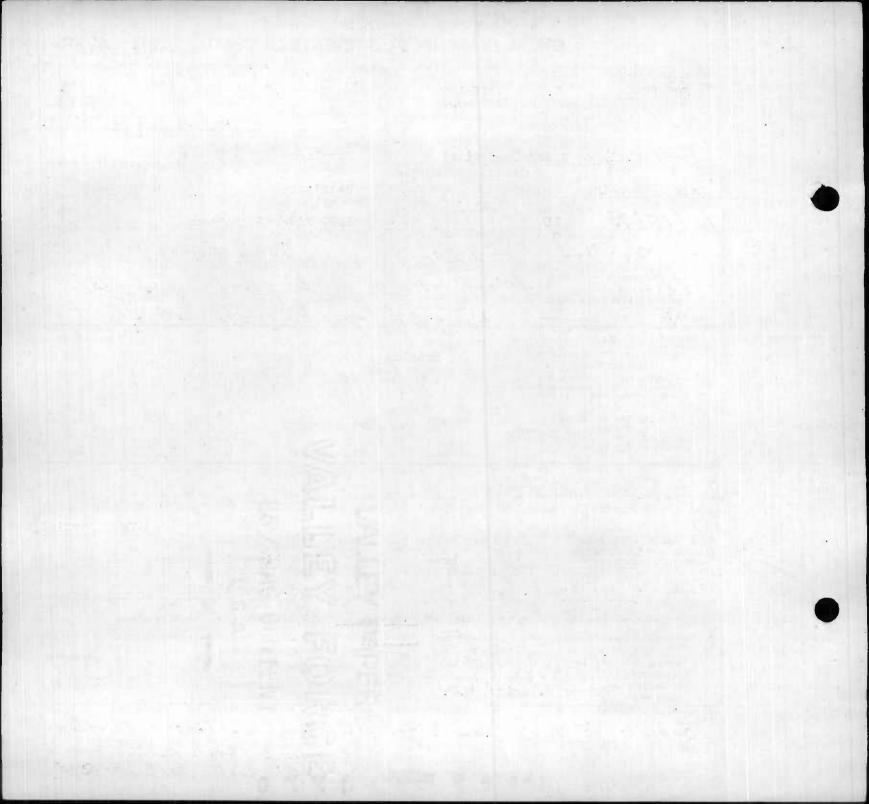


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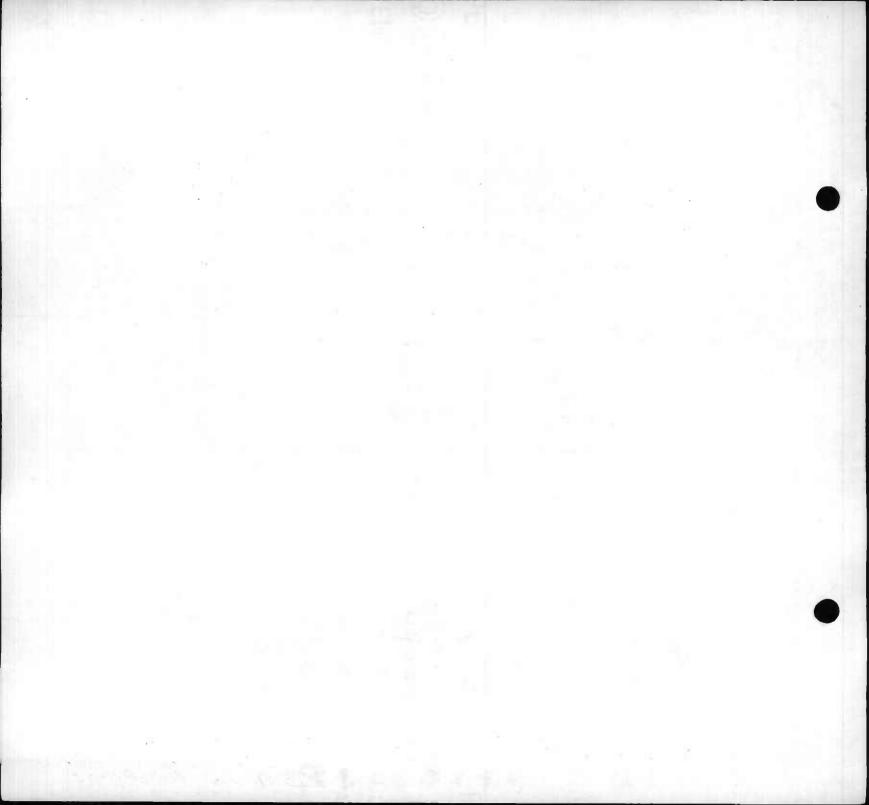
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69 4786 BALTIMORE CITY HEALTH DEPARTMENT

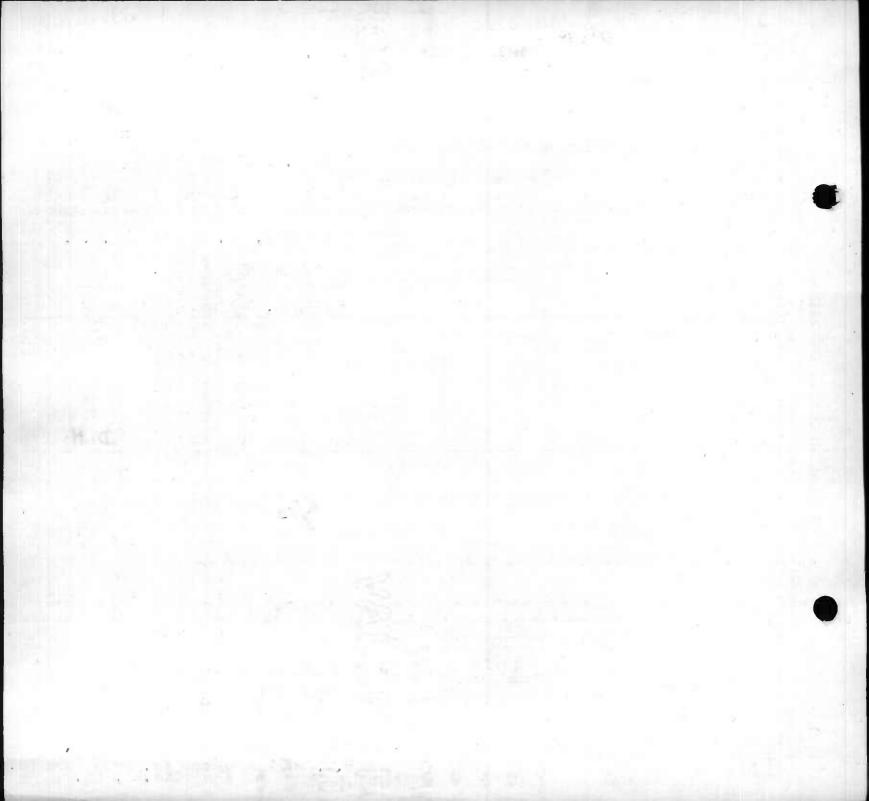
BALTIMORE CITY HEALTH DEPARTMENT	CO 4MOC
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	003 4/00
BIRTH NO.	
1. NAME OF DECEASED 2. DATE Known Month Day OF	Yeor Haur
JOSEPH L. FINLEY DEATH Estimated X	M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD	1969 2:15 P. M
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION May 5, S USUAL RESIDENCE (Where deceased lived, if institut	
OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institu A. STATE B. COUNT	
South Baltimore General Hospital Maryland	
	CITY LIMITS?
male white WIDOWED DIVORCED Baltimore	YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Days, Haurs, Min.	111 00
12 / 15 / 98 70 1202 Riverside Avenue	77-00
11. BIRTHPLACE (State or foreign country.) 12. CITIZEN OF 13. FATHER'S NAME	
Maryland WHATCOUNTRY? John Fin!	- V
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME dane during most of warking life, even if retired)	0 1 17
Ice man Solf employed Elizabeth	chmid
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 16-34-1378 Eugent Finley 3911 47	STITE
	APPROXIMATE INTERVAL
19. CAUSE OF DEATH	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Hanging	
LEADING TO DEATH (A)IMMEDIATE CAUSE	
(This does not mean the made of dying, e.g., DUF TO OR AS A CONSEQUENCE OF:	
heart foilure, asthenia, etc. It meons the diseose, injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes ar Na)
	Yes (Partial)
22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give home, farm, foctory, street, office bldg., etc.) INJURY OCCUR?	exoct locotion)
☐ UTING ☐ CAUSE OF DEATH. home 1202 Riverside Avenu	ie 24-03
22D TIME (Manth) (Day) (Year) (Hour) 22F INITIRY OCCURRED 22F HOW DID INITIRY OCCURRED	
OF INJURY (APPROX.) 5/5/69 1:40 P. m. WHILE AT NOT WHILE AT AT WORK Subj. hung himself	
23.	
I certify that I held an Inquiry Inspection P. Autapsy X and that an this basis, death in	ny apinian
resulted frame: Natural causes Aceident Suicide Hamicide Undetermined manne	er 🔲
CHIEF MEDICAL EXAMINER	
	DATE SIGNED
SIGNATURE M.D. ASSISIANI MEDICAL EAAMINER A	515155
EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER	5/6/69
NAME (Type)	
	awn, or county) (Stote)
REMOVAL (Specify) 1 - 10/10 11 PT 1 1 PT 1	10 /



	60 1	MON BALTIMORE CITY	HEALTH DEPARTMENT	6	לפרה פב
	00 4	CERTIFICA	TE OF DEATH	REG. NO.	30 4707
	TH NO.				
	AME OF DECEASED Thomas	Mandle	24 /72	HOUR OF DEATH	7
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONO UNCED DEAD	A. STATE B. COUNT	deceased lived. If ins	titution: residence before odmission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	n d	24-02 DE CITY LIMITS?
INS	TITUTION		Bal Time		YES NO
)	1438 Boyle	5/,	E. STREET AND NUMBER	- 1	ST.
5. S	EX 6. RACE 7. MADE		8. DATE OF BIRTH	, AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	M WIDOV	WED DIVORCED	7/28/90	ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)		11. BYRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY
	Shop Fortman Lo	ck Insulator	Mary	land	U.S.H.
13.	FATHER'S NAME	. //	14. MOTHER'S MAIDEN HAN	NE .	2 / / 5
	W1//12 m /	Vandley	E1132	beth G	0/d5/52w
Yes	Was Deceased Ever in U. S. Armed Forces? inno or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	17. INFORMANT	1/2/14	ADDRESS 38 Boyle ST,
_	/	2/3-10-2207	C1270 //24	ary 170	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Hype	tensis, ca	rdie -	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	vercular.	disense.	2 zum.
	(This does not meon the made of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO, OR AS A	CONSEQUENCE OF:		
	injury ar camplication which coused death.)	Seven	dyn ale	nos claras	in 5 years.
	ANTECEDENT CAUSES	(B)	***************************************		
	DISEASES OR CONDITIONS, if any, gi	9	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(C)	4	~~+-+-	
~	_ II				
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF CONDITION COVERN IN PART (A)			00000-0	
RTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
AL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
MEDI	OF INJURY (APPROX.)	White At Not While At Work			
	22. I certify that (I) (this haspital) attend	^	mil 21 1	9 62 to m	y 5 19 CF
	that (I) (we) last saw the deceased alive		1 6	4	ian death accurred an the date
	and haur and fram the causes stated abov	e. (I) (We) (did) (d id not) vi	ew the bady after death.		
	Daniels V. Seno		nding Med.	Staff Phys.	3 8 6 5
	23C. PHYSICIAN'S NAME (Type) ROMULO V. GCCC	de GREE	3D. ADDRESS &	1º nt	eu.
244	/(0/10	C. NAME of CEMETERY OF CRE		CATION (Cit	y, town, or county) (State)
	REMOVAL (Specify) 5/9/69	Cedar Hill	Cemetery	Baltimor	4. Maryland
25A	A DATE REC'D BY HEALTH DEPT 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Tovens Fu	neral House, Inc.
		US TY DON'T CA	1301	Edst rer	T Avenue

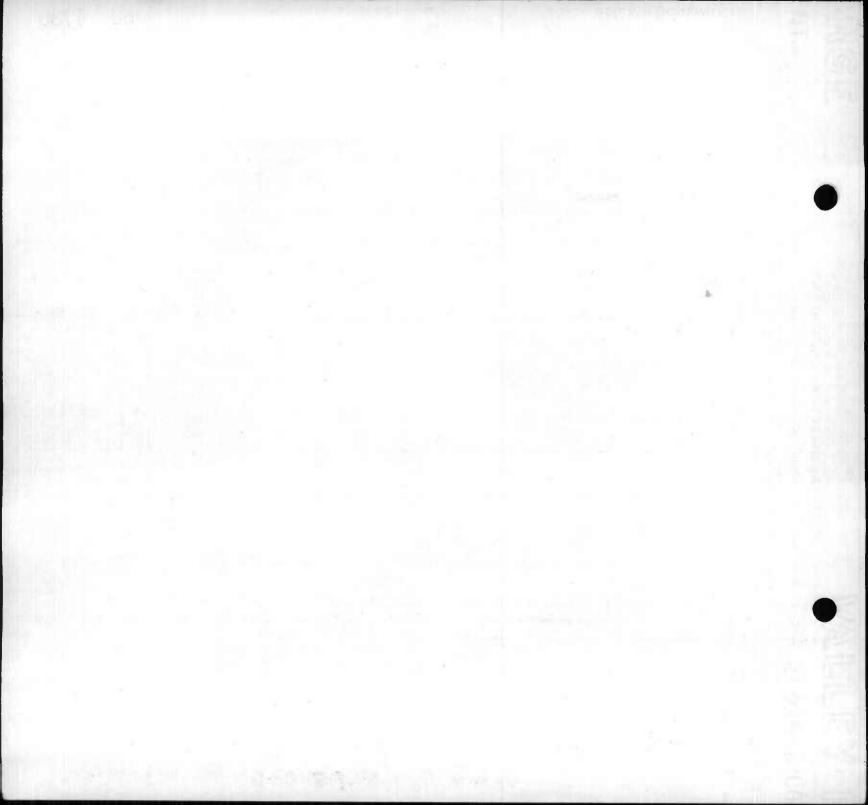


	215	· e) CO	AMO	BALTIMORE CITY	HEALTH DEPARTMENT		69 4788	
4	0-45	07/1769	4788	CERTIFICA	TE OF DEATH	REG. NO	00 4/00 6	
	H NO.	1 - U/4/19	Philip				<u> </u>	
	e or Print)	alu Bo	THILLD	CONTS POT	na, Jr. 2. DATE	16/69	400 D	
3. PI	LACE IN BALT	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	here deceased lived. If	institution: residence before of mission)	
em	I NIAME OF	WE NOT IN HOSBIT	AL OB INSTITU	TION CIVE STREET	Maryland	UNIY	17.59	
HO:	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	ATION)	TION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
1	111				Bal timore		YES 🔣 NO 🗌	
14	14	Union Me	morial	Hospital	E. STREET AND NUMBER			
					1534 E. C	oldspring I	Lane	
S. SE	X	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months: Days Hours Min.	
	M	W	WIDOWED	DIVORCED	4/30/1969		6/	
		PATION (Give kind of worl	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
done	None			None	Rel timone	Ma	U.S.A.	
13. F	ATHER'S NAM			110118	Baltimore 14. MOTHER'S MAIDEN P	NAME	Uabana	
	Philir	L. Dolina			Zudia Kep	nel		
15. V				1 6. SOCIAL	17. INFORMANT	POL	ADDRESS	
(Yes,	2.7	Ever in U. S. Armed For (If yes, give wor or dote	s of service)	SECURITY NO.	Dhd ld n T	Doline	(Same)	
	No			None	Philip L.	DOTTHE	(Same)	
	1B. 7. 7.	.01		CAUSE OF DEATH			BETWEEN ONSET AND DEATH	
		E OR CONDITION DI LEADING TO DEATH	RECTLY	Tar	dionin	ralous	arresta	
		of meon the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	7		
		osthenio, etc. It meons plicotion which coused				,1		
	ANTECEDENT CAUSES (15 Hemotring 0							
	DISEASES O	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1		
	rise to the	above couse (A)		(-)			7. H.	
	UNDERLIING	CONDITION lost.		(C)		••••••	V: II	
z	OTHER CLONIE	II ICANT CONDITIONS CO	NITDIRITING	160 EC	1. 27	11. 1.	* *	
\(\)	TO THE DEATH	H BUT NOT RELATED TO T	HE TERMINAL	:://-	aline U	auchan	e salare	
	19A. DATE OF		DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS, CONSIDERED	
ERTIFIC	2	WAS PER	FORMED		ges	IN CERTIFYING C	AUSES DI DEATH?	
U	21 A. ACCIDEN	TING CAUSE OF			n or obout 21 COWHERE DIE		ore City, give exact location)	
		medical examiner	etc.)	s, totti, tocioty, succe, of	nee sings, five at a deat			
ā	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
2	(APPROX.)		Whil	e At Not While			, , ,	
	22 anatify	that (1) (this haspita			4/30/69	19 to	5/6/69 10	
		last saw the decease		5/6/69	19 and		pition death occurred on the date	
			-	The state of the s			parion death occurred on the dote	
	ond haur ond 23A. SIGNATU		red oboveX(I	(We) raid (did nat) v	iew the body after deat	ih.	238, DATE SIGNED	
	1 < 1/1/19							
	23C. PHYSICIA	ger u	www	DEGREE Phy	Director L 23D. ADDRESS	Phys.	10/0/01	
	NAME (T)		E111	ATT MI) To the	1/11	1071-0	
		3.4.2	こんとい	DEGREE	and	u mu	rouax 10020.	
24A.	REMOVAL (S	MATION, 24B. DATE	24C. NA	ME of CEMETERY of CRI	MATORY 24D	LOCATION (City, town, or county) (Stote)	
I	Burial		69 B	altimoreNat	ional	Baltimore	Md.	
25A.	DATE REC'D	BY HEALTH DEPT.		E REGISTRAR	D H.W. Jenkin	ns & Sons	Co. 4905 York Rd.	
I	MAY 9	1969	Loughly	L. Danvey "	1 7 0	Balt	to 12 Md.	
VS 1	50-REV. 1/1/6	8	150	4-		4		



was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance on the deceased priar to death); and (6) Na physician was in regular attendance an the deceased priar to death. Such written appraval must be abtained befare the remains are embalmed ar final disposition is made. This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a haspital and the bady was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

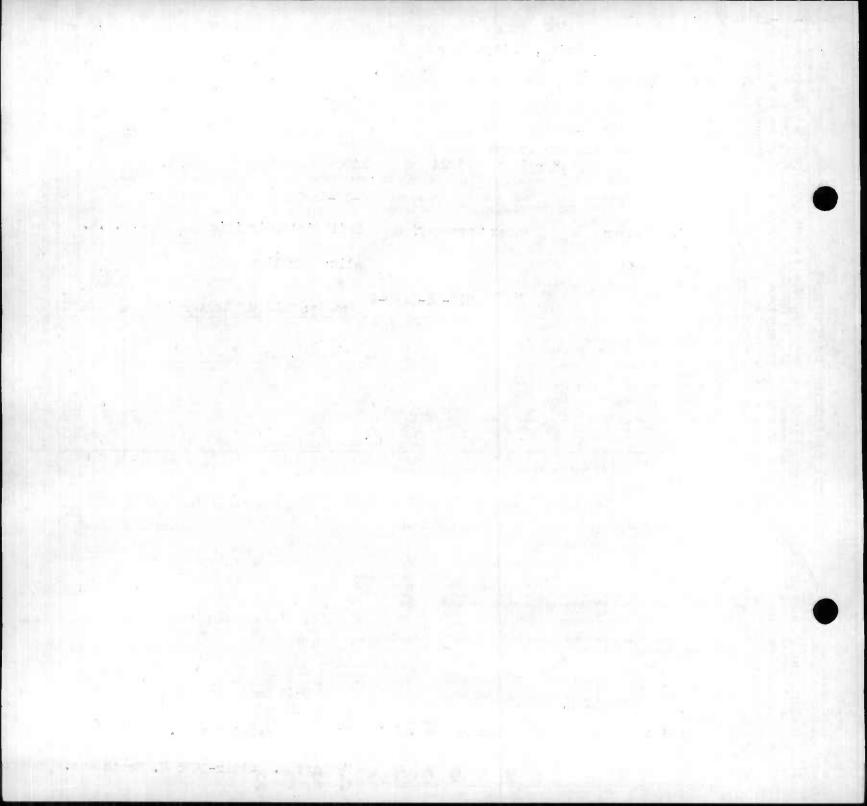
	C FE)	00	BALTIMORE CITY	HEALTH DEPARTMENT		69 47	0.0
6	5-530	69 4789	CERTIFICA	TE OF DEATH	REG. NO.	03 47	03
BIR	TH NO.		CERTIFICA				
	e or Print)	LBERT	SMITH	2. DATE ANI	HOUR OF DEATH	5 30	Рм.
3. [LACE IN BALTIMORE, MAR	YLAND, WHERE PRONOU	JNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		nstitution: residence before	odmission)
FUI	L NAME OF (IF NOT	IN HOSPITAL OR INSTITU	JTION, GIVE STREET	BALTO-		13-0	4
INS	SPITAL OR ADDRESS	OR LOCATION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
4	20	Hospit	A .	E. STREET AND NUMBER		YES NO L	
	DINA!	J103 P17	-AL	1641 Gwyn	us talls	Pkwy # 1	7
5. S			NEVER MARRIED	1 - 100-1	ost birthdoy)	If Under 1 Yr. If Ur Months Doys Hours	nder 24 Hrs.
	le Colore			6-15-1891	71		- COUNTRY
	during most of working life, eve		BOSINESS OK INDOSIKI	11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF WHAT	COUNTRY?
	Crane Operator			14. MOTHER'S MAIDEN NAM		U.S.A.	
	FATHER'S NAME				I E		
	Nathaniel Smith		11 / 20 5111	Mary Jane ?		ADDRESS	
(Yes	Nas Deceased Ever in U. S., no or unknown) (If yes, give	wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDKESS	
	Yes Ww I		217-03-2666	Josephine Smith	1 - 1641 Gw	ynns Falls Pl	cwy.
	18. 441.21		CAUSE OF DEATH	POST. OP	Lycic		
	DISEASE OR COND						
	(This does not meon the		DUE TO, OR AS	ADHESIONS			
	heart failure, asthenia, etc injury or complication whi		INTES	TINAL OBS	TRUCTION.		
	ANTECEDENT	CAUSES	(2)	-			
	DISEASES OR CONDITI	ONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	24727444845550000000000000000000000000000000		
	rise to the obove country		(ABDOM	A	SM -		
		14 1031.	(0)				
Z O	OTHER SIGNIFICANT CONDI						
ATI	TO THE DEATH BUT NOT REDISEASE OR CONDITION GIV	LATED TO THE TERMINAL VEN IN PART 1 (A).					
ERTIFIC,	19A. DATE OF OPERATION	198. CONDITION FOR V		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED	
	15,6.67	INTESTINAL	DBSTRUCTION BLACE OF INCIDENCE	YES	YES (If in Boltimo	City siya avest less the	2)
AL C	21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	ISE OF hom	e, form, foctory, street, of	n or obout 21C. WHERE DID	(It in Boilimo	re City, give exoct locotion	1)
EDIC		by) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
×	(APPROX.)	Whi	ile At Not While	е			
	22. I certify that (I) (this			T 0 00	9 - to 5	7.69	19
	that (I) (we) last sow th					inian death accurred	
				iew the bady after death.			
	23A. SIGNATURE	-				238, DATE SIGNED	
	THE C	hloca.	Phys	ending Med. Director	Staff Phys.	5.7.6	9
	23C. PHYSICIAN'S		DECKEE	23 D. ADDRESS	17		
	NAME (Type)	R. CHL	O C A DEGREE	SINAI	110	SPITAL	
244	BURIAL CREMATION, 24E REMOVAL (Specify)	L DATE 24C. NA	AME of CEMETERY OF CRI	EMATORY 24D. LC	OCATION (C	City, town, or county)	(Stote)
		5-12-69 Ba	altimore Natio	onal Ba	ltimore, Ma	ryland	
_	. DAYE REC'D BY HEALTH			25C. FUNERAL DIRECTOR		ADDRESS	
	1003	Mobile	colorder of	Charles R. L	aw 802 Mad	lison Avel	
VS	150-REV. 1/1/68						



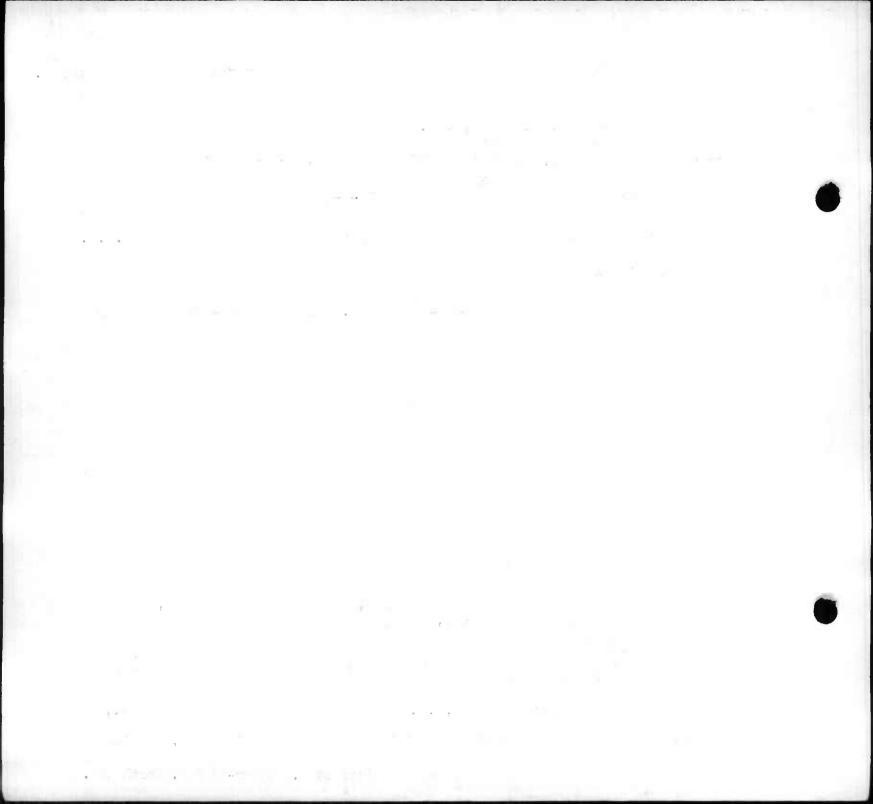
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SAR_/	9-23-11	ı
91m-4	トフーんノーエエ	U

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

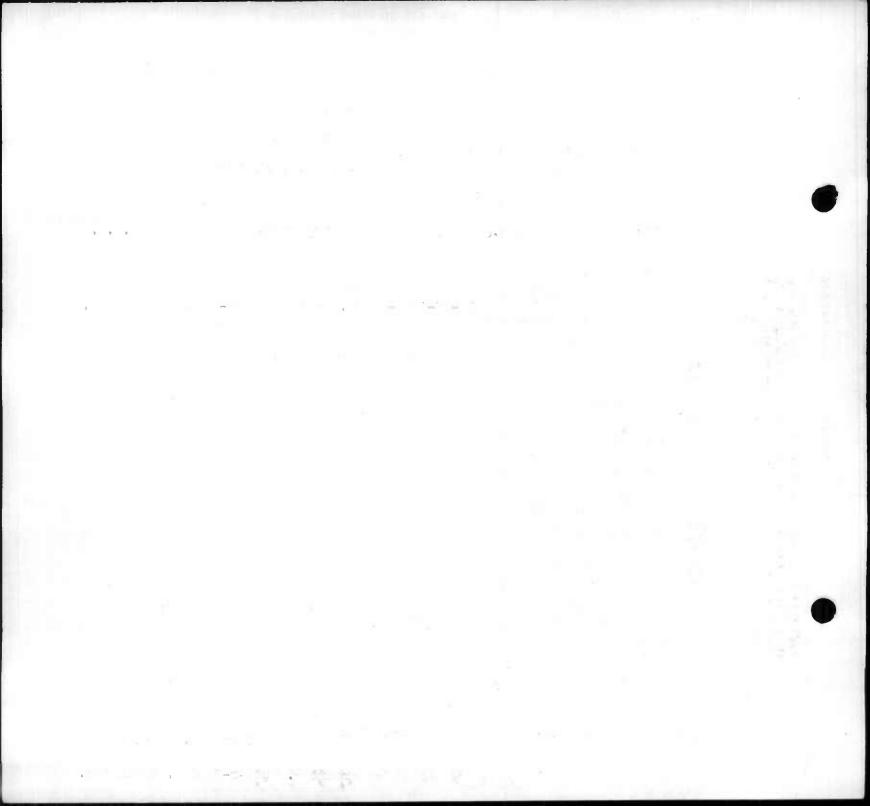
	5-5	30 69	APO	0	HEALTH DEPARTME		69 4750
BIR	RTH NO.	00			TE OF DEAT		2700
	pe or Print)	EASED - Smith	lattor	Henry	2. DA	TE AND HOUR OF DEATH	12.00A "
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCI	(Where deceased lived, If in	stitution: residence before odmission)
FU	ILL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland		14-01
IN	STITUTION	Baltimore Cit		tals	Baltimore		DE CITY LIMITS?
1	d l	4940 Eastern		.00,20	E. STREET AND NUM		110
		Baltimore, Mar		21224	1400 John S		
	Male	6. RACE Negro	WIDOWED [_	8. DATE OF BIRTH 4-19-1889	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do	ne during most of	JPATION (Give kind of work working life, even if retired) ender		BUSINESS OR INDUSTRY Corporation	Smithfield		12. CITIZEN OF WHAT COUNTRY?
13.	Frank Si				Alice Pre	tlow	
15. (Ye	Was Deceased	Ever in U. S. Armed For	ces? s ol service)	216-05-2659-	17. INFORMANT		ADDRESS
					Records:BCh	L4940 Eastern 1	
	18.4	4 1	AF CEL V	CAUSE OF DEAT	Н		BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DIE LEADING TO DEATH	RECILY	(A) IMMEDIATE CAU	ISE Meles	nomia	weeks
	heort failure,	ot meon the mode of osthenio, etc. It meons	the diseose,		A CONSEQUENCE OF:		
		application which coused ANTECEDENT CAUSES		(11	Λ		Mar le
		OR CONDITIONS, if		(B) DUE TO, OR AS	A CONSEQUENCE OF:		waks
	rise to the	o bave cause (A) CONDITION last.		(c)	ASCUD		yeus
		II		(0)			
ATION	OTHER SIGNIF	CANT CONDITIONS CO	HE TERMINAL				
U	19A. DATE OF	OPERATION GIVEN IN PAR OPERATION 198. CON WAS PERI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	s or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIF	2) A COURT	NT WAS UNDERLYING		PLACE OF INJURY (e.g., i	1/62		YES
CALC	OR CONTRIBL	JTING CAUSE OF	hom elc.)	e, form, foctory, street, of	ffice bldg, INJURY OCC	UR?	e City, give exoct locotion)
EDI	OF IN HIDY	(Month) (Doy) (Year)		INJURY OCCURRED		ID INJURY OCCUR?	
×	(APPROX.)		Whi	ile At Not While			-10 00
	22. I certify	that (1) (this haspital) attended tl	he deceased fram	4/2/69	19ta	19.6%
		Jast saw the decease		-/-			nian death occurred an the date
	and haur and		red abave. (I) (We) (did nat) v	riew the bady after d	leath.	23B. DATE SIGNED
	M	L Il Mil	W	Dhu	ending Med.	Staff Phys.	5/8/69
	23C. PHYSICIA	vne)		DEGREE	000 4000000	Eastern Avenue	10/01
		ROBERT H. BI		OEGREE	Baltimore, Ma	ryland 21224	
24	HUTTAL	MATION, 248. DATE 5/12/19		utus Memorial	EMATORY		Maryland (Stote)
25	A. DATE REC'D	BY HEALTH DEPT.	268 NAME C	F REGISTRAR	25C. FUNERAL DIE Herbert E	Nutter-3035 W	North Ave.
VS	150-REV. 1/1/6	68	-		1 1 0		



	C-60	00	69	47	91	BALTIMORE CITY				REG. NO	6	9	479	1
l	TH NO.		~			JEKTII (C/-	111			HOUR OF DEATH	1			
	pe or Print)		illie	Curr	ie			2. DA		-7-69	1 1		7.40	
3.	PLACE IN BALT	IMORE, MAR	YLAND, WI	HERE PRO	NOUNCED	DEAD	IIA, STAT	E B.	-	deceased lived. II	institution: re	esidenc	1:40 e belore ad	a • M.
FU	LL NAME OF	(IF NOT I	N HOSPITA	L OR IN	NOITUTION,	GIVE STREET	Ma	ryland			15	- (06	
IN	STITUTION				ital,		11	OR TOWN		D. IN	SIDE CITY LI	MITS?		
1	39	1514	Divie	sion	Street			ltimore	DED		YES X		NO	
7) /	Balti	lmore,	Mar	yland	21217	28.	ET AND NUM	orth	Avenue				
		6. RACE		7. MARR	ED X NEV	ER MARRIED	8. DATE	OF BIRTH	9.	AGE (In years	If Under	1 Yr.	, If Under	24 Hrs.
11	fale	Negro	- 1	WIDOW	/ED 🗍	DIVORCED	1	6-06	las	t bigthday)	If Under Months	Doys	Hours	Min,
dor 10/	 USUAL OCCU during most of w 	PATION (Give orking lile, ever	kind of work in if retired)	IOB, KIND	OF BUSINE	SS OR INDUSTRY	11. BIRT	HPLACE (Stole	or foreign	caunity)	12. CITI	ZEN OF	WHAT CO	DUNTRY?
	Retired	- Longs	shore	lan			Sou	th Caro	lina		Ţ	J.S.	Α.	
13.	FATHER'S NAM	E					14. MO	HER'S MAIDE	NAME					
	William	Currie	3				Flo	rence Ma	aniga	alt				
15. (Ye	Was Deceased s,no or unknown!	Ever in U. S (If ves, give v	Armed Force	es? of service	1 6. SO	CIAL CURITY NO.	17. INFO	RMANT				ADDR	ESS	
			0001110000110			03-8663	Mrs	Louise	e Cu	rrie- Wif	e	San	ne	
	18. 5 19	2 1			C	AUSE OF DEAT						APPRO	OXIMATE INT	
		OR CONDI		ECTLY			,		. /	/	_ [BETWEEN	N ONSET AN	D DEATH
	(This does no	EADING TO		dvina.		(A) IMMEDIATE CAL		OK 1	HW	noug/			2-3	415
	heart failure, o	sthenia, etc.	Il means !	the disec	se,	DUE 10, OR AS	A CONSEQUENCE OF:							
		NTECEDENT		seam,j		M.		4	,	0 0.		C		
	DISEASES OF			nv. niv	ina (DUE TO, OR AS	A CONSI	QUENCE OF:	4	mean		Je	very	years
	rise la lhe UNDERLYING	above car	use (A)	sloling	the	c)		(/				()
		- 11												
ON NO	OTHER SIGNIFIC TO THE DEATH	CANT CONDIT	ONS CON	TRIBUTIN	IG						1			
CAT	DISEASE OR CO	NOITION GIV	EN IN PART	1 (A).		************	164	************				********		
CERTIFICATION	19A-DATE OF		WAS PERFO	RMED	PR WHICH	OPERATION	20A.	NO	or No)	OR IF YES, WERE N CERTIFYING CA	FINDINGS AUSES OF D	CONSI DEATH?	DERED?	
CAL	21A. ACCIDENT OR CONTRIBUT DEATH (natify r	TWAS UNDE TING CAUS nedical exami	RLYING DE OF		21B. PLACE home, larm, etc.)	OF INJURY (e.g., i factory, street, o	n or obout fice bldg.,	21 C. WHERE D	ID IR?	(If In Baltimo	re City, give	exoct	location)	
MEDI	OF INJURY	(Manth) (Day	(Yeor)	1		OCCURRED		21F. HOW DI	DINJUR	Y O C CUR?				
-	(APPROX.)				While At E	Not Whit	• 🗆							
	22. I certify t	hot (1) (this	hospital)	attende	d the dece	ased from May	15.		19	69 to May	7,		19_	59
	that (1) (we) 1	ast sow the	deceased	olive o	n May	7,	19	69 01	nd that	in (my) (our) op	Inlan deat	h occi	urred on ti	he dote
	ond hour ond	from the car	uses state	d above	. (1) (We) (did) (did not) v	lew the	bady ofter de	oth.					
	23A. SIGNATUR	1000	,		1	0			117		23B, DATI			-
		264	th	Jus	nden	M DEGREE Phys	nding [3	Med. Director	Sto Phy	/f. 🗆	5-	7-69	9	
	23C. PHYSICIAN NAME (Typ	rs del			,	1	23 D. ADD							
		U	Elija	ah Sa	aunder	S, M. D BEGREE	2300	Garris	on B	oulevard	Balt	0.,	Mary	Land
244	REMOVAL (Sp	ATION, 248, acify)	DATE	240	NAME of	CEMETERY of CRE	MATORY		D. LOC.	ATION (C	ity, town, or	county	y) (S	State)
	Burial	5/	10/196			Memorial	Park		Bal	timore Co	. Mary	Land	1	
	DATE REC'D I	1969		-	OF REGIS			pert E		er-3035 W	. Nort		DRESS /e •	
VS	150-REV. 1/1/64			-			-	1						



00	RE CITY HEALTH DEPARTMENT 69 4732							
BIRTH NO. 69 4792 CERTIF	FICATE OF DEATH REG. No. 4732							
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
(Type or Print) JESSIE VOUNG	5/6/69 1 1/30							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, M institution: residence before admission) A. STATE B. COUNTY Maryland 14 1 1 1 1 1 1 1 1 1 1 1 1							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CAY LIMITS?							
The Johns Hopkins Hospital	E. STREET AND NUMBER 1401 Argyle Avenue							
5. SEX Female Negro 7. MARRIED NEVER MARRIED DIVORCE	ED 3/8/00 Idst Dirindey 69 Months Deys Heurs Min.							
done during mest of werking life, even if refired) Domestic Pyt. Family	Newberry South Carolina 12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Willie Elmore	3 3							
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no ar unknown) (II yes, give wor er dotes ef service) 218-07-33	17. Informant 80-A Mrs. Lydia Wagner-2308 Madison Ave.							
injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the UNDERLYING CONDITION last. (C)	OR AS A CONSEQUENCE OF: SCUD & ? Pul. Emboli OR AS A CONSEQUENCE OF:							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or Ne) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO							
OR CONTRIBUTING TO CAUCA OF	Y (e.g., in or ebout 21C. WHERE DID (If In Beltimere City, give exact lecation) reet, office bldg., INJURY OCCUR?							
DEATH Ineffy medical exemined etc.) 21D. TIME (Menth) (Doy) (Year) (Heur) 21E. INJURY OCCURRE While At New Yerk	et While / / / / / / / / / / / / / / / / / /							
22. I certify that (I) (this haspital) attended the deceased framethat (I) (we) last saw the deceased alive an	to 5/6/19 19 to 5/6/19 19 and that In(my) (our) apinion death occurred an the date							
and haur and fram the causes stated above. (1) (We) (did) did								
23A. SIGNATURE								
Co. D. Hanleh. m.D.	Co. D. Harleh. M. D. Attending Med. Shaff Judyan 5/6/69							
23C. PHYSICIAN'S NAME (Type) ROLWARD D. HANK JR. M.	23D. ADDRESS 1519 R. Monument St. Balfimore Med.							
Bur 1a1 (Specify) 5/10/1969 Arbutus Memo	er CREMATORY (City, tewn, or county) (Sible) orial Park Baltimore Co. Maryland							
25A. DATE REC'D BY HEALTH DEPT. (258, NAME OF REGISTRAR MAY 9 1969	25C. FUNERAL DIRECTOR Herbert E. Nutter-3035 W. North Ave.							
V\$ 150-REV. 1/1/68								



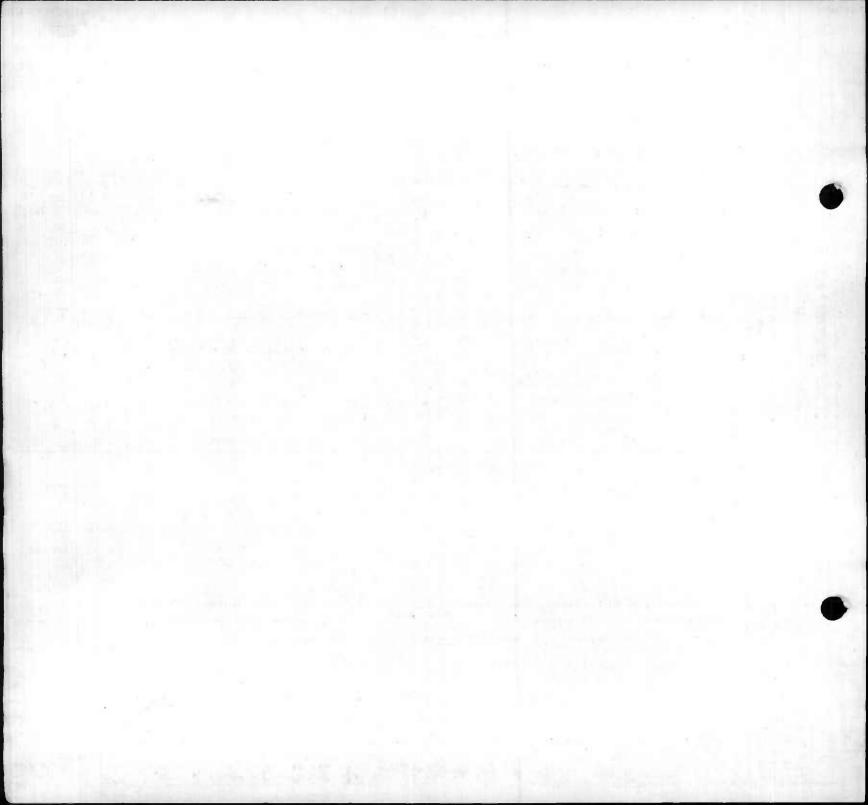
FUNERAL DIRECTOR: IMPORTANT

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			HEALTH DEPARTMENT		
	7-601 69. 47	93 CERTIFICA	TE OF DEATH	REG. NO.	69 4793
1. N	AME OF DECEASED Printly	. Annie		D HOUR OF DEATH	5',09 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	HOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If ins	titution: residence before admission)
III IN	LL NAME OF (IF NOT IN HOSPITAL OR IN: SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	MAMBHAR	AUENUE DE CITY LIMITS?
1	JAMES LAWRENCE	- KERNAN HO	BAlto		YES NO
9			3403 Batem		15-38
5, 5	F WIDOW		3-19-91	18	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	o during most of working lile, even if relired) Teacher (Ret.) Publication	o of Business or Industry	Baltimore, Mc		12, CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	.0 0011001	14. MOTHER'S MAIDEN NAM	A E	U.S.A.
	Hezikiah Russell		Catherin	ne Gillis	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of services)	SECURITY NO.	17. INFORMANT		ADDRESS
	NO I	212-36-8674 CAUSE OF DEATH	Dr. Herbert M.	Frishy 3403	Bateman Ave.
	DISEASE OR CONDITION DIRECTLY	3 人。		n = P.	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	TA) IMMEDIATE CAU	SGESTIVE HE	PART HAIL	MICE 7 2 HOURS
	(This does not mean the mode of dying, theart failure, asthenia, etc. It means the disections	ose. Will			»—————————————————————————————————————
	injury or complication which coused deoth.)	E H HYP	ETTENSIVE O	: ANDIOVA	SCULAR
	ANTECEDENT CAUSES	(B) DUE TO OR AS	DISEASE A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, il ony, giv nise lo lhe above couse (A) sloting UNDERLYING CONDITION last.	A173/ [1] m	A CONSEQUENCE OF.		
	11	5, 5			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	THE THAC	TURE LET	T HIP	9 DAYS
IFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED
CERTIF	214 ACCIDENT WAS AINDERLYING	21B. PLACE OF INJURY (e.g., in	n at about 21 C WHERE DID	(If In Raltimore	City, give exact lacation)
AL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, factory, street, of	ffice bldg., INJURY OCCUR?		1
DIC		21E INJURY OCCURRED	21F. HOW DID INJ	BATEMAN URY OCCUR?	1,1,5
ME	(APPROX.) ATT 24 1.9	While At Not While Work At Work	· M UNKNO	WN	
	22. I certify that (I) (this hospital) attended			1969 10 3 1	May 1969
	that (I) (we) lost sow the deceased alive	^	1 04		ian deoth occurred an the dote
	and hour and from the couses stated above	a. (1) (We) (did) (did not) v	riew the body after deoth.		
	234 SIGNATURE	Atte	ending Med.	Staff	238. DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys	s. Director L. 23D. ADDRESS	Phys.	21114 64
	NAME (Type)	.D. DEGREE	James Lawrence	e Kernan Ho	spital Hospital
24/	A. BURIAL CREMATION, 24B. DATE 240. REMOVAL (Specify)	. NAME of CEMETERY OF CRE	EMATORY 24D. LO	OCATION (City	y, town, or county) (State)
	Burial 5/8/69 A	rbutus Memorial		altimore CO.	
254	A. DATE REC'D BY HEALTH DEPT. 258 NAM	ME OF REGISTRAR	D 25C. FUNERAL DIRECTOR Herbert E. No		Morth Ave.
VS	150-REV. 1/1/6B		4 / 6 5		

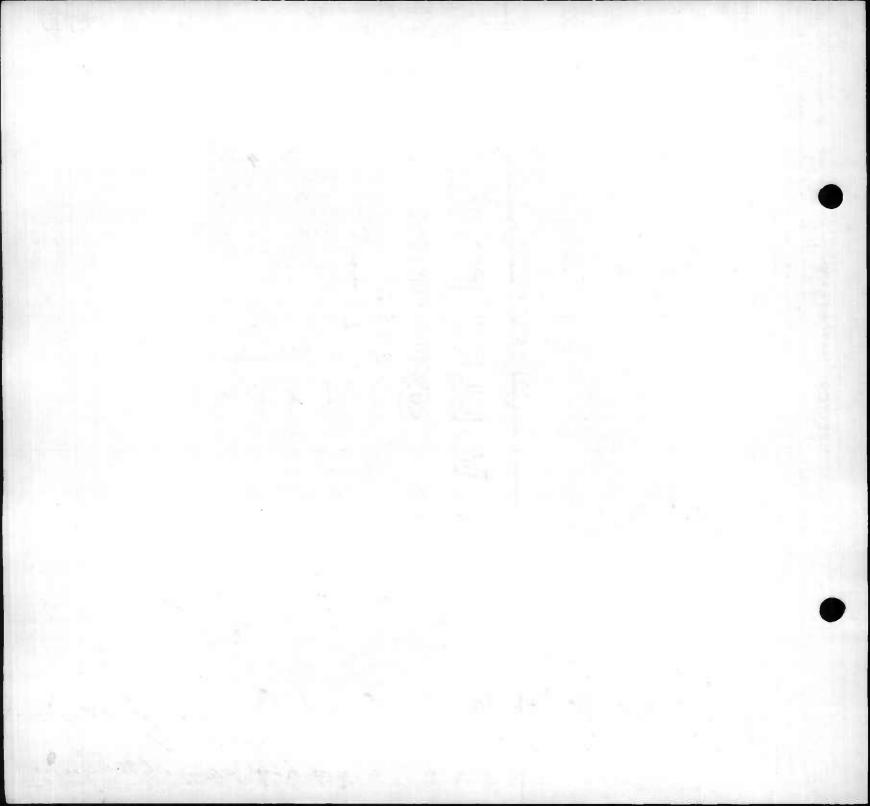
3403 EAKINAN HUEW E. JAMES LOURS WE FERVAN MAY BAPILE And the state of t

	That is a					TY HEALTH DE			63	4734	
BI	10 - 65 RTH NO.	52	Co	4794	CERTIFIC	ATE OF	DEATH	REG. NO.	00	4/04	
	NAME OF DECE	ASED			1AN (4,1/1	(NA)	2. DATE AND	HOUR OF DEA	9.4		. M.
3.	PLACE IN BALT	IMORE, MARY	LAND, WI	HERE PRONOU	NCED DEAD	4. USUAL R A. STATE	ESIDENCE (Where B. COUNT		f institution; res	idence before or	mission)
FU	ULL NAME OF	(IF NOT IN	N HOSPITA	L OR INSTITU	TION, GIVE STREET	17-2	+ M. Fra	سمطهم	24. h	ld. 3/2	23,
NIN X	OSPITAL OR			HOLP		C. CITY OR T	NOWN		NSIDE CITY LIN	-	-01
*							ND NUMBER		YES 🗹	NO	
1	78ALTII	NORE.	, Mo	1.2123	3		21 W.		1	3+.	
	devale	6. RACE	. wite	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED			AGE (In years	If Under Months	1 Yr. If Under Doys Hours	24 Hrs. Min.
				108, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZE	N OF WHAT C	OUNTRY?
do	Jemen most of w			AYL	tima.		3. 6		U.	50	
13	FATHER'S NAM					14. MOTHER	'S MAIDEN NAM				
13	Jim	Jam	23			No	ora O	Har	e_		
(Y	Was Deceased es, no or unknown)	Ever in U.S. A (If yes, give w	Armed Forc	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMA	1		-	ADDRESS 7	
	NO				CAUSE OF DEA	Waron	UK Nm	5 1931	1 Bevi		PERMAN.
	18.5 7	9	TION SIN	F.C.T. V	CAUSE OF DEA		1 .	1 0		APPROXIMATE IN	
		E OR CONDI		ECILI	/. SIMMEDIATE C	Alle Aoute	eongo ts	u heart of	in bone	de	en
	(This does no				DUE TO, OR A	S A CONSEQUE	NCE OF:	prosorble	he posts c	coma	
				the diseases							
	injury or comp			the disease, death.)			1	.11	0		
	injury or comp		h coused		(B) Live		rhoor's	with 1	As es of	3 . yes	rs
	injury or comp	NTECEDENT R CONDITIO	CAUSES	ony, giving	(B) Live	AS A CONSEQUE		mith 1	As es di	3. yel	ri
	injury or comp	Dicotion which NTECEDENT R CONDITIO Obove cou	CAUSES ONS, if ouse (A)	ony, giving	(B) Live			mith 1	ds ei di	3. yel	rs
	DISEASES Orise to the UNDERLYING	NTECEDENT R CONDITIO Obove cou CONDITION	CAUSES ONS, if ouse (A)	ony, giving stoting the	(B) L 1 VM			mill b	ds er of	3 . yel	in-
NOIL	Injury or comp A DISEASES O rise to the UNDERLYING OTHER SIGNIFIE TO THE DEATH	NTECEDENT R CONDITIO obove cou CONDITION	CAUSES ONS, if ouse (A) I lost.	ony, giving stoling the	(B) L 1 VM			with p	As es di	3 . yel	`nı
ATIO	injury or comp A DISEASES O rise to the UNDERLYING OTHER SIGNIFIE TO THE DEATH	NTECEDENT R CONDITIO obove cou CONDITION II CANT CONDITI BUT NOT REL- DNDITION DIVI OPERATION I	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THE EN IN PART 119B. CONE	ony, giving stoling the NTRIBUTING IE TERMINAL (1 (A).	(B) L 1 VM	AS A CONSEQUE		20B. IF YES, WE	RE FINDINGS (CONSIDERED	
	injury or comp A DISEASES O rise to the UNDERLYING OTHER SIGNIFIE TO THE DEATH	NTECEDENT R CONDITIO obove cou CONDITION II CANT CONDITI BUT NOT REL- DNDITION DIVI OPERATION I	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THE	ony, giving stoling the NTRIBUTING IE TERMINAL (1 (A).	(B) DUE TO, OR A	AS A CONSEQUE	NCE OF:		RE FINDINGS (CONSIDERED	
AL CERTIFICATION	injury or comp A DISEASES O rise to the UN DERLYIN G OTHER SIGNIFIT TO THE DEATH DISEASE OR CC 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	NTECEDENT R CONDITIO obove cou CONDITION I CANT CONDITIO H BUT NOT REL. DODITION GIVI OPERATION T WAS UNDE	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THEN IN PART 198. CONE WAS PERF	ony, giving stoling the NTRIBUTING IE TERMINAL [1 A]. DITION FOR WORMED	(B) DUE TO, OR A	20A. AUT	OPSY? (Yes or No)	208. IF YES, WE IN CERTIFYING	RE FINDINGS (CONSIDERED EATH?	
DICAL CERTIFICATIO	DISEASES OF THE UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CC 19A. DATE OF 21A. ACCIDEN OR CONTRIBUTED EATH (notify)	NTECEDENT R CONDITIO obove cou CONDITION I CANT CONDITIO H BUT NOT REL. DODITION GIVI OPERATION T WAS UNDE	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THE EN IN PAIR 198. CONE WAS PERFO ERLYING EOF	ony, giving stoting the STRIBUTING (E TERMINAL (1 (A).) DITION FOR WORMED 218, I home etc.)	(B) DUE TO, OR A (C)	20A. AUT	OPSY? (Yes or No)	20 B. IF YES, WE IN CERTIFYING	RE FINDINGS (CAUSES OF D	CONSIDERED EATH?	
CAL CERTIFICATIO	DISEASES OF THE UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CC 19A. DATE OF 21A. ACCIDEN OR CONTRIBUTED EATH (notify)	NTECEDENT R CONDITION obove cou CONDITION I CANT CONDITI H BUT NOT REL DNDITION GIVE OPERATION T WAS UNDE	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THE EN IN PAIR 198. CONE WAS PERFO ERLYING EOF	ony, giving stoling the NTRIBUTING IE TERMINAL (1 (A). DITON FOR WORMED 21B. home etc.)	(B) DUE TO, OR A (C)	20A. AUTO	OPSY? (Yes or No) WHERE DID URY OCCUR?	20 B. IF YES, WE IN CERTIFYING	RE FINDINGS (CAUSES OF D	CONSIDERED EATH?	
DICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH OF THE	NTECEDENT R CONDITION obove cou CONDITION II CANT CONDITION IBUT NOT REL- DINDITION GIVE OPERATION T WAS UNDE TING CAUS medicol exomin (Month) (Doy	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THE ATED TO THE ONE WAS PERFO ERLYING E OF ner) (Year)	ony, giving stoling the NTRIBUTING IE TERMINAL (A). DITON FOR WORMED 218, home etc.) (Hour) 21E, Whill Work	(B) DUE TO, OR A (C)	20A. AUTO	OPSY? (Yes or No) J.AWHERE DID URY OCCUR?	20 B. IF YES, WE IN CERTIFYING (If in Boltis	RE FINDINGS (CAUSES OF D	CONSIDERED EATH?	66
DICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH OF THE	NTECEDENT R CONDITION obove cou CONDITION II CANT CONDITION I BUT NOT REL- DINDITION GIVI OPERATION T WAS UNDE TING CAUS medical examir (Month) (Day	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THE EN IN PART 19B. CONE WAS PERFORM RLYING CONE (ELYING CONE) (Year)	ony, giving stoting the STRIBUTING (E TERMINAL (10A) FOR WORMED (Hour) 21E, Whill Work) ottended th	(B) DUE TO, OR A (C)	20A. AUT	OPSY? (Yes or No) WHERE DID URY OCCUR? HOW DID INJU	20 B. IF YES, WE IN CERTIFYING (If in Bolting) RY OCCUR?	RE FINDINGS (CAUSES OF D	CONSIDERED EATH? exoct locotion)	6G,
DICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH OF THE DEATH (notify) DEATH (notify) 210. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	NTECEDENT R CONDITIO obove cou CONDITION II CANT CONDITION BUT NOT REL DIDITION GIVI OPERATION T WAS UNDE TING CAUS medical examin (Month) (Day that (I) (this	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THEN IN PART 198. CONE RLYING (B) EOF net) haspitol) deceased	ony, giving stoling the NTRIBUTING IE TERMINAL (1 (A). OTHER ORMED 21B., home etc.) (Hour) 21E. Whill Work (Hour) ottended the dalive on	(B) DUE TO, OR A (C)	20 A. AUTO "in or obout 21 C office bldg., INJ	OPSY? (Yes or No) Y.A. WHERE DID URY OCCUR? HOW DID INJU	20 B. IF YES, WE IN CERTIFYING (If in Bolting) RY OCCUR?	RE FINDINGS (CAUSES OF D	CONSIDERED EATH? exoct locotion)	/
DICAL CERTIFICATIO	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH OF THE DEATH (notify) DEATH (notify) 210. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	NTECEDENT R CONDITION obove cou CONDITION II CANT CONDITION BUT NOT REL DIDITION GIVI OPERATION T WAS UNDE TING CAUS medical examin (Month) (Day that (I) (this	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THEN IN PART 198. CONE RLYING (B) EOF net) haspitol) deceased	ony, giving stoling the NTRIBUTING IE TERMINAL (1 (A). OTHER ORMED 21B., home etc.) (Hour) 21E. Whill Work (Hour) ottended the dalive on	(B) DUE TO, OR A (C)	20 A. AUTO "in or obout 21 C office bldg., INJ	OPSY? (Yes or No) Y.A. WHERE DID URY OCCUR? HOW DID INJU	20 B. IF YES, WE IN CERTIFYING (If in Bolting) RY OCCUR?	RE FINDINGS CAUSES OF D more City, give	exoct locotion) 19 n accurred on	the date
DICAL CERTIFICATIO	DISEASES OF THE UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CC 19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond haur and	NTECEDENT R CONDITION obove cou CONDITION II CANT CONDITION BUT NOT REL DIDITION GIVI OPERATION T WAS UNDE TING CAUS medical examin (Month) (Day that (I) (this	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THE EN IN PART 198. CONE EN LOST EN	ony, giving stoling the NTRIBUTING IE TERMINAL (1 (A). OTHER ORMED 21B., home etc.) (Hour) 21E. Whill Work (Hour) ottended the dalive on	(B) DUE TO, OR A (C)	20A. AUT	OPSY? (Yes or No) WHERE DID URY OCCUR? HOW DID INJU	20 B. IF YES, WE IN CERTIFYING (If in Boltin RY OCCUR? 2 G ta 3	RE FINDINGS CAUSES OF D more City, give	exoct locotion) 19 n accurred on	the date
DICAL CERTIFICATIO	DISEASES OF THE PROPERTY OF THE DEATH OF THE	NTECEDENT R CONDITION Obove cou CONDITION II CANT CONDITION II CANT CONDITION OPERATION T WAS UNDE TING CAUS medicol exomir (Month) (Doy that (I) (this last sow the	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THE EN IN PART 198. CONE EN LOST EN	ony, giving stoling the NTRIBUTING IE TERMINAL (1 (A). OTHER ORMED 21B., home etc.) (Hour) 21E. Whill Work (Hour) ottended the dalive on	(B) DUE TO, OR A (C)	20A. AUTO "in or obout 21C office bldg., INJ 21F. hile II	OPSY? (Yes or No) WHERE DID URY OCCUR? HOW DID INJU and that y ofter deoth. Med. Director	20 B. IF YES, WE IN CERTIFYING (If in Boltis RY OCCUR? t in (my) (our) of thys.	RE FINDINGS (CAUSES OF D	exoct locotion) 19 n accurred on SIGNED	the date
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OLEVE CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH OF THE	NTECEDENT R CONDITION obove cou CONDITION II CANT CONDITION I BUT NOT REL DINDITION OPERATION T WAS UNDE TING CAUS medical examin (Month) (Day that (I) (this last sow the from the cau RE T'S pe) AATION, 24B. Decity) AATION, 24B.	CAUSES ONS, if ouse (A) I lost. IONS CON ATED TO THE EN IN PART 19B. CONE WAS PERFORM. RLYING (For example of the control o	ony, giving stoling the NTRIBUTING IE TERMINAL (TI (A) DOTTON FOR WORMED (Hour) 21E, Whill Work (Hour) 21E, Whill	(B) DUE TO, OR A (C)	20A. AUTO "in or obout 21 C office bldg., INJ 21F. hile the 24 - / 19 G view the bod Hending hys. 23D. ADDRESS BSH EREMATORY	DPSY? (Yes or No) WHERE DID URY OCCUR? HOW DID INJU and that y ofter death. Med. Director Buttor 24D. LO	20 B. IF YES, WE IN CERTIFYING (If in Boltin RY OCCUR? It in (my) (our) (ou	RE FINDINGS (CAUSES OF D) more City, give 23B. DATE 5 2 / Q 2 (City, town, or	exoct locotion) 19 1 accurred on SIGNED 6 3 county)	(State)



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No._ CERTIFICATE OF DEATH of death Undetermined cause; (5) Deceased M.E. CASE NO. 2, DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MAYS LO a hospital eath. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance A. STATE B. COUNTY cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL ŏ INSTITUTION 9 atten prior (If rural, give location) contributing OWHATANAVA ONHATAN AUC is made. regular 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 YI. If Under 24 Hrs. Hours Min. deceased WIDOWED, DIVORCED (specify) lost birthdoy) wollow 11. BIRTHPLACE (State or foreign country) IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) = 0 AT HOME KAL5164-M.J.A. OMSMAKOR Was 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the <u>4</u> MARTHA 0563 eath -15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL kind final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. VORNIN F. LA RUE 3307 PONDATANA attendance NO any CAUSE OF DEATH INTERVAL BETWEEN 0 pronounce ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (This does not mean the mode of dying, e.g., cture heart failure, asthenia, etc. It means the disease, examiner examiner. regular injuly or camplication which coused death.) fra ANTECEDENT CAUSES 9 dre DISEASES OR CONDITIONS, if any, giving n to the obove cause (A) stoling the UNDERLYING CONDITION last. physician the remains the chief medical medical Was burns; RTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) Body the ō WAS PERFORMED before by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) 2 ere home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital °Z MEDICAL DEATH (notify medical examiner) etc.) nature; 3 obtained (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) At Work Work and any 22, I certify that (1) (this hospital) attended the deceased fram... death); and that in (my) (aur) apinlan death accurred an the date that (I) (we) last saw the deceased alive an... of hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body/after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Stoff 0 Phys. Director ___ Phys. L written approval 0 23D. ADDRESS PHYSICIAN prior at Was 244 BURIAL CREMATION eceased the body o shows: Was HEALTH DEPT. 25A. DATE REC'D BY 258 NAME OF REGISTRAR ADDRESS 0 VS 150-REV. 1/1/65

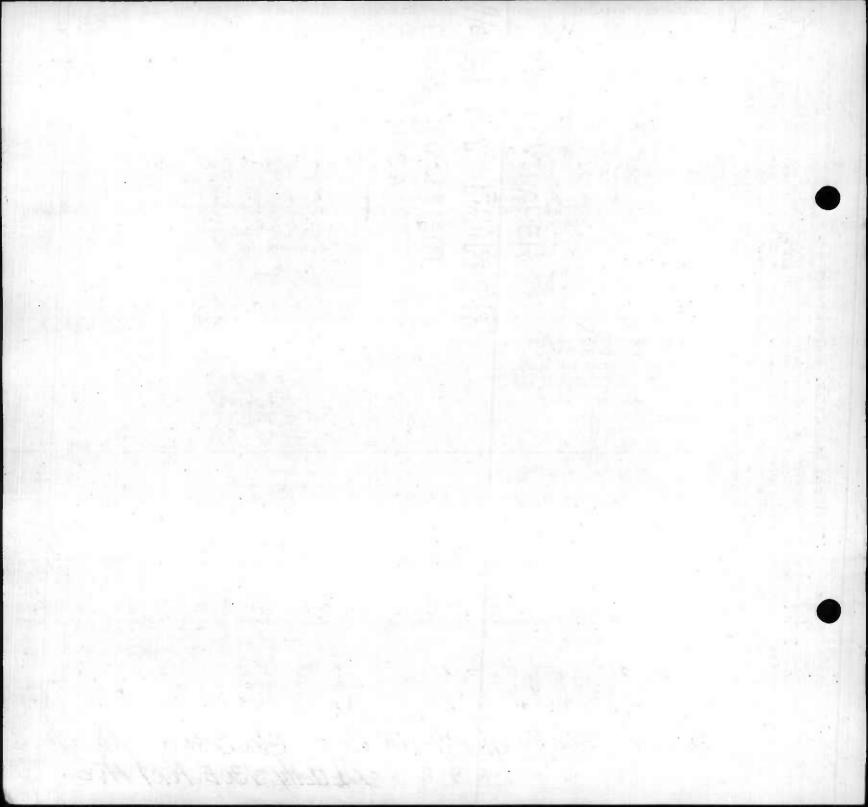


FUNERAL DIRECTOR: IMPORTANT

was D.O.A. of a hospital (except where the physicion who pronounced deoth was in regular offendonce on the deceased prior to deoth); and (6) No physician was in regular offendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medicol exominer. Also, if the direct or contributing cause of death shows: (1) An occident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/6B

	Y HEALTH DEPARTMENT
69 4796 CERTIFICA	ATE OF DEATH REG. NO. 59 4796
I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) MABEL WATSON	MAY 7 (969) 1:55 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ,	Md. 26-34
HOSPITAL OR WORTH THARLES GEN. 10	CITY OR TOWN D. INSIDE CITY LIMITS? YES A CT LAPORT YES NO
Manager of Charles St.	P. STREET AND NUMBER
72 129 0. CHARLES 00.	5718 GROTEN ROL
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
WIDOWED DIVORCED	6-18-87 lost birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housenik	Haryland US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Ranger	120xe
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no ov Unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
10	Rozalie Kane (grandant ame
18. CAUSE OF DEA	TH (APPROXIMATE INTERVAL METWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pa 000
(A) IMMEDIATE CA	S A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	0 0
ANTECEDENT CAUSES	VD & Concedive heart tarline,
I am and a manual many strong	S A CONSEQUENCE OF:
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	necone themen
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	in or obout 21C. WHERE DID (If In Boltimore City, give exact location) office bldg., INJURY OCCUR?
DEATH (notify medicol examiner)	onice blog, indokt occok:
O 21D. TIME (Month) (Day) (Year) (Hour) 21E INTURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not Whork At Work	
22. I certify that (1) (this haspital) attended the deceased from	14-127 1969,
that (1) (we) last saw the deceased alive an	19 6 and that in (my) (our) opinion death occurred on the date
and haur and from the causes stated obave. (1) (We) (did) (did nat)	
23A. SIGNATURE	tending Med. Shoff Shoff
Degree PH	lys. Director Phys. D
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
SEMOVAL (Specify)	REMATORY (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	125C FUNERAL DIRECTOR
MAY 12 1969 Works 9 75	Who Authy N30F Foot Hur.
	TINGUITY GOOD TON



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY (Type or Print) 3. PLACE IN BALTIMORE MARYLAND. Paruland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 YES X NO House in the Pines- Belair E. STREET AND NUMBER 4215 Parkmont Avenue prior regular made 6. RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX eceased Hours lost birthday Male WIDOWED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Isposition done during most of working life, even if retired) U.S.A. Germany Baker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Unknown Unknown 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORM ANT 1 6. SOCIAL ō final SECURITY ance Horst H. Panning -3807 (edarhurst Rd.-21206 No CAUSE OF DEATH 9 BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) gula ANTECEDENT CAUSES 9 remains are DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION lost, Was Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING let mellities physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Q the 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) where °N MEDICAL DEATH (notily medical examiner) obtained 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 While At Not While (APPROX.) At Work Work and 22. I certify that (1) (this heapited) attended the deceased fram 6 that (1) (we) last sow the deceased alive an and that in (my) (aur) aplalan death accurred an the date be eath) and hour and fram the causes stated above. (1) (We) (did nat) view the bady after death. hospit must

23A. SIGNATURE 23B, DATE SIGNED Med. Attending Staff Phys. Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 4900 Belair Road Balto., Md.

24D. LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

Miller Inc-0415 Belair Rd -21206

ADDRESS

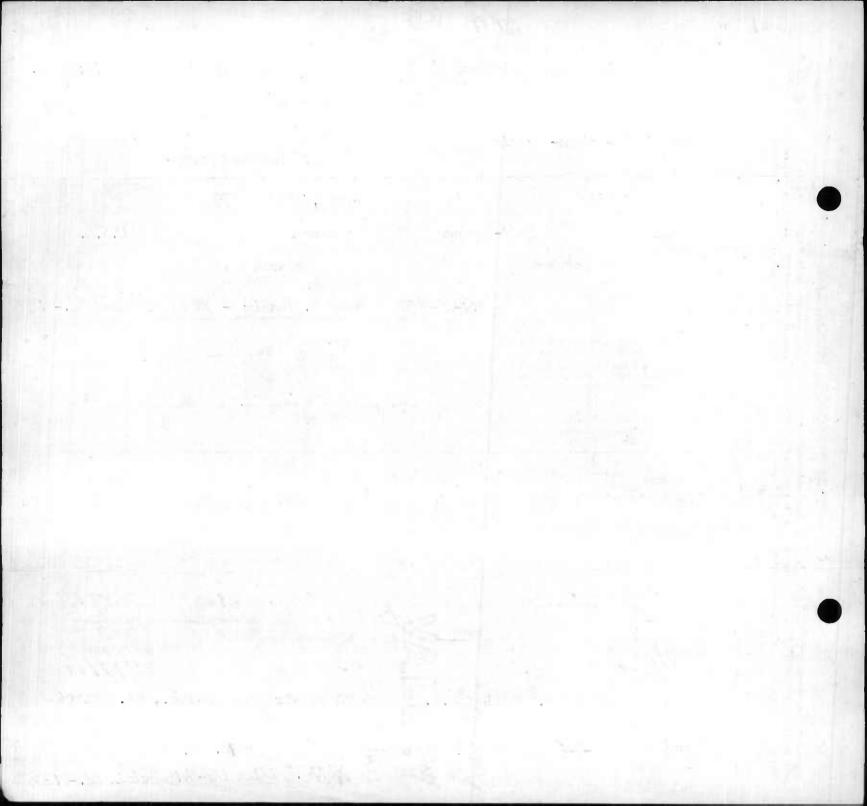
24C. NAME of CEMETERY OF CREMATORY

VS 150-REV. 1/1/68

24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

N-200 69 4	BALTIMORE CITY	HEALTH DEPARTMENT		CO AMOO
. 4.00	798 CERTIFICA	TE OF DEATH	REG. NO.	03 4/38
BIRTH NO.	OEKTII TO			
1. NAME OF DECEASED (Type or Print) LEO M	NowAK	5/	S 69	840 A.V
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e degeosed lived. If ins	titution: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		1-03
INSTITUTION Baltimore City Hos		C. CITY OR TOWN	D. INSIC	DE CITY LIMITS?
2/ 4940 Eastern Avenu		Baltimore E. STREET AND NUMBER	, ,	YES NO NO
Baltimore, Maryland		503 South Luze	rne Avenue	21224
	ED NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
Male White WIDOW		3-11-1889	80	
IDA, USUAL OCCUPATION (Give kind of work IDB, KIND		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTR
Retired BRICKLAYER (ONS	OLIDATED ENG.	Maryland	51.53.90	U.S.A.
3. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM		•
Michael Now	4 K	Rose Cz	ERWINSK	1
S. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110		Records:BCH-4940	Eastern Av	e. 21224
18. 4/ / 2 2 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0		BETWEEN ONSET AND DEAT
LEADING TO DEATH		- CHARLARA	16160 8	war unob)
(This does not mean the mode of dying,		A CONSEQUENCE OF:	ecvecs	oc timed
heart failure, asthenio, etc. It means the disectinjury or complication which coused deoth.)	se,			
ANTECEDENT CAUSES	2/4	VAIIX 1	41	
	(B) /////	A CONSEQUENCE OF:	Y	
DISEASES OR CONDITIONS, if ony, giverise to the above cause (A) stoling	1119	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES WEDE E	INDINGS CONSIDERED
WAS PERFORMED	OK WHICH OPERATION	No	IN CERTIFYING CAU	ISES OF DEATH?
OP CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Boltimore	City, give exoct location)
DEATH (notify medical examiner)	etc.)			
	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While			/
	Work At Work	4/27	18	1
22. I certify that (1) (this haspital) attended	ed the deceased from	7/12/01	9 6 7 ta)	19.6.,
that (1) (we) lost saw the deceased olive	on 3/5	19 6 and the	it in (my) (our) opin	ion death accurred an the da
and hour and from the couses stated abay	(I) (We) (did) (did nat)	riew the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
(1) 1/20/	Dhy	ending Med. Director	Staff Phys.	1/1/6
23C. PHYSICIAN'S	DEGREE		. , .	1 3/0/
NAME (Type) B.Snyder	the second second	Darelinor	e City Hosp	
		4940 Eastern Ave		
AA. BURIAL CREMATION, 24B. DATE 246	NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (City	y, town, or county) (Stote)
BURIAL 5/9/69 Di	. STANISLAUS	CEMETERY B	ALTIMORE	mo.
SA. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C FUNERAL DIRECTOR	1	ADDRESS
MAY 12 1969 (1) 9	S. Dulky Th	Kayanan h	KACZU RAM	sti 2525 FLEET
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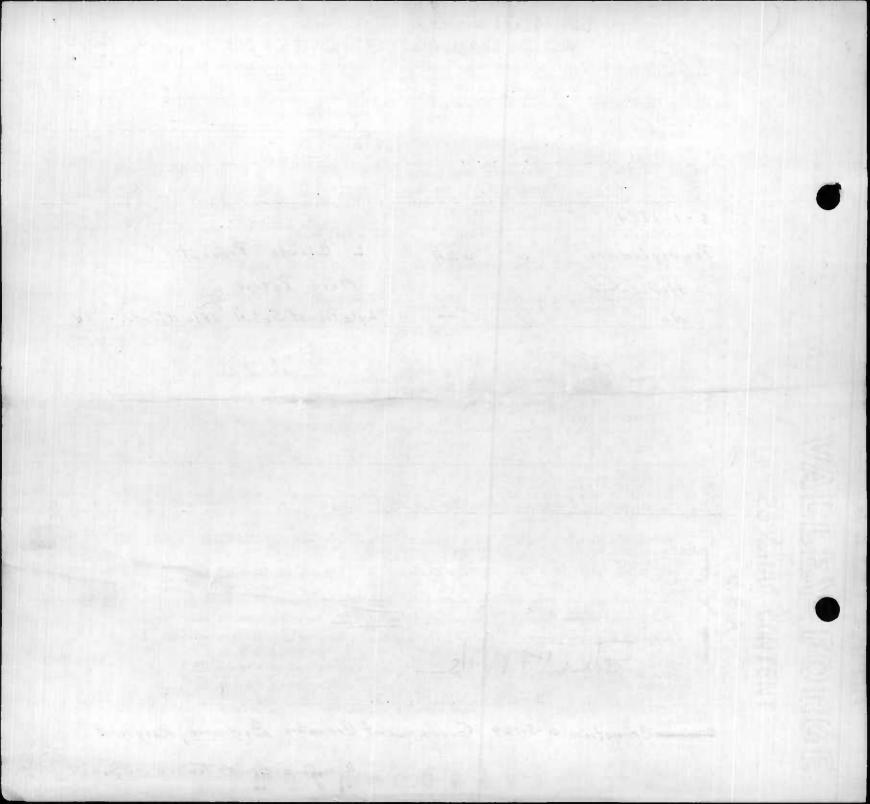
BALTIMORE CITY HEALTH DEPARTMENT IRTH NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Md BACTIMOR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ULL NAME OF HOSPITAL OR C CITY OR TOWN SINAI HOSDITAL OF BALTIMON NO DELVERENT AT GREENSPRING 9. AGE (in years 6. RACE B. DATE OF BIRTH If Under 24 Hrs. . SEX NEVER MARRIED If Under 1 Yr. Months Doys lost birthday WIDOWED OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? one during most of working life, even if retired) BALTO STUDEN 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME SEPH 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT es, no or unknown) (If yes, give war or dates of service) SECURITY NO. NO CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE O DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) At Work Work 22. I certify that (N) (this haspital) attended the deceased fram. that (1) (we) last saw the deceased alive an. and that in (my) (out) apinian death accurred an the date and haur and from the causes stated above. (1) (Ne) (did) (did not) view the body after death. 23A. SIGNATUR 23B. DATE SIGNED Attending [Staff Med. Director ___ Phys. Phys. 23C HYSICIAN 23D. ADDRESS NAME (Ty 24A. BURIAL CREMATION, (City, town, or county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/6B

Inspec Z wassel 5/1/49 St. Stanishans Com. BASTIMERE MERE MINE. Burish

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TH DEPARTMENT		00	10
RTIFICATE OF	DEATH	69	43

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DID	TH NO		WEL	ICAL	EXA	MINER'S	LEKITI	CATE OF	DEAT	REG. NO.		
	TH NO.	EASED					2. DATE	Known 🔀 🗙	Month	Doy	Yeor	Haur
	e or Print)	MAIZE	P.	CCHIL	Т		OF DEATH	Estimated		7	69	9:00 ам.
				3. DATE		Month	Day	Yeor	Hour Hour			
FUL	L NAME OF	(IF NO	TIN HOSPITA	AL OR INST	ITUTION,	GIVE STREET	PRONO	UNCED DEAD	May	, 7	196	9.0004
	PITAL INSTITUTION	ADDRE	SS OR LOCA	11014)				ESIDENCE (When		ved. If institution		
0	0	11 E.	Chach	C+	ח ח /	A	A. STATE	Maryland		B. COUNTY	1	1-12,
6. 5	EX	7. RACE	onase_			NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	
	Fomalo.	Whit	0	WIDOW		DIVORCED [Bal			V	s 🗷	NO 🗆
9. [Female ATE OF BIRT		10. AGE (I	n years	If Under	1 Yr. If Under 24 Hrs.		AND NUMBER		110	3 (3)	NO
-	6-1-1	884	last birthdo	''	Manths	Doys Hours Min.		II F Char	. b C+			
11.	BIRTHPLACE (S	tote or foreig	84		12. CITIZ	ZEN OF	13. FATHER			,		
	PETITISY.					T COUNTRY?	L,	Claude	Pro	105+		
14A	USUAL OCCU	PATION (Giv	e kind af work			INESS OR INDUSTR						
dane	during most of v	varking life, ev SCWH (m	ary Pet	rie			
	WAS DECEAS	ED EVER-IN	U.S. ARMEI			SOCIAL	IB. INFOR			Ai	DDRESS	
(Yes	, no or unknown	(If yes, give v	wor ar dates	of service)	SECURITY NO.	Lylai	Prevost Se	h.11	1816 Ala	rdon	n Rd
	19. // /	04				CAUSE OF DEA				0.0.77	AF	PPROXIMATE INTERVAL
	T	9,/									BETW	VEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (A) OF CONDITION DIRECTLY LEADING TO DEATH											
	(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:											
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)											
	ANTECEDENT CAUSES											
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A							QUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.												
Z	ONDEREN	to contain	TOTA EAST.			(C)						
CERTIFICATION	OTHER SIGN	IIFICANT CO	II NDITIONS C	ONTRIBUT	TING							
E E	TO THE DE	CONDITION	RELATED TO	THE TERM	INAL	************		7-770000077777777				****
RTI						ICH OPERATION W	AS PERFORI	MED			21. AUTO	PSY? (Yes ar Na)
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AL	22A. EXTER	NAL CAUSE	WAS			CE OF INJURY(e.g.,			(If in Baltima	ire City, give exc	ct locotian)	
EDICAL	UNDERLYING				hame, far	rm, factory, street, affic	ce bldg., etc.)	INJURY OCCUR?				
ME	UTING L CA	7	Day) (Yea	r) (Hou	r) 22E.3	NJURY OCCURRED		22F. HOW DID IN	JURY OCC	UR?		
	OF INJURY (APPROX.)		.,	<u> </u>	WHIL	EAT NOT	WHILE					
	23.				m. WOR	K L ATV	WORK					
		ify that I h	eld an I	Inquiry [_ In	spection 🔲 Au	tapsy XX	and that an t	his basis,	death in my	apinian	
		ted from:						amicide 🗌		ined manner [_	
				1	10 -			CHIEF MEDICAL EXAMINER				
ACTUAL ASSISTANT MEDICAL EXAMINER XX									DATE SIGNED			
	SIGN AT EXAMIN				•	M.I	D. ASS	OCIATE MEDICAL	EXAMINER			
	NAME (Edwar	rd F.	Wilson, M				Ma	n, or county	1969
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25,	A. DATE REC'D	C	1011		4	REGISTRAR		FUNERAL DIRECT	OR	pore Ma	DDRESS	· ,
	1.4	1V + 0	1000	00	3.5	Final real	M.D. (2)					Tewson
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VS	151-REV. 1/1/6	5	- 40 0	1 3	83		6]		and the			



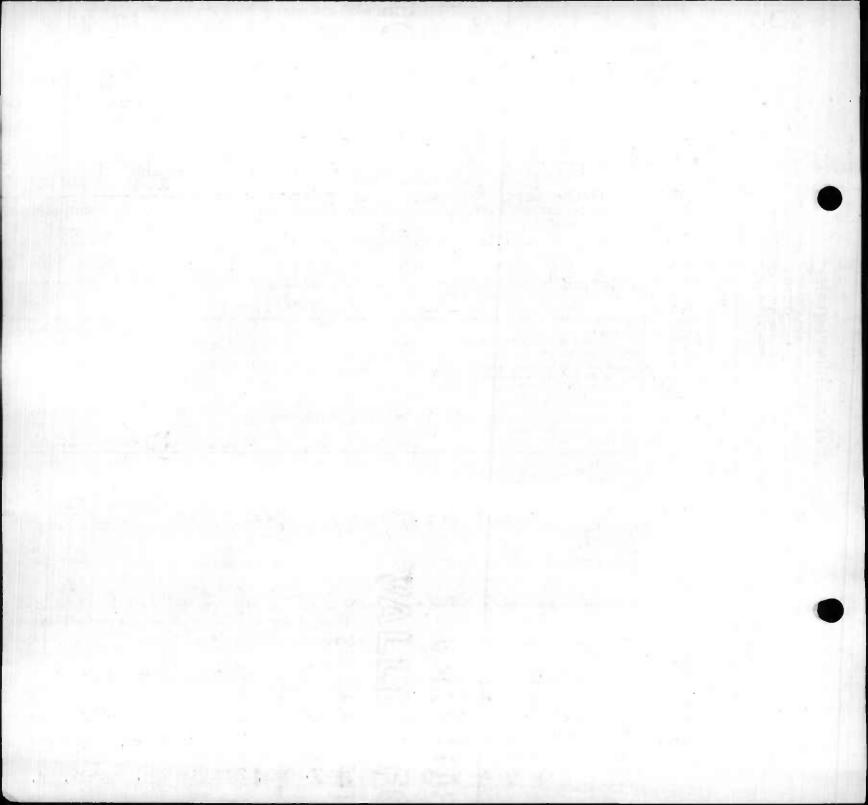
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This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital an the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dece	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	written approval must be obtained before the remains are embalmed or final disposition is made.
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3	69 4801 BALTIMORE CITY HE	ALTH DEPARTMENT								
	BIRTH NO. CERTIFICATE	OF DEATH REG. NO. 69 4801								
	I. NAME OF DECEASED (Type or Print) Barbara H. Benarick	2. DATE AND HOUR OF DEATH	- 13							
	BARBARA H. BENARICK	5-7-69 1300	PMM							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceased lived, if institution residence before a STATE B. COUNTY	dmission)							
Ш	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	mD, BALTO, 53-6	00							
	Maryland General Hospital	CITY OR TOWN Edgemere D. INSIDE CITY LIMITS?								
/		STREET-AND NUMBER YES NO L								
	11111116 1 EVER Q 28 W. 140212	PC+10 BOX 266 Dogwood Ro	oad							
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. D		r 24 Hrs.							
	Temale CA WIDOWED DIVORCED	04/13/90 79:	Min.							
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11.		COUNTRY							
	Housellife	CZECH U.S.A.								
. 11		MOTHER'S MAIDEN NAME								
		phia VARGA								
	(res, no of unknown) (If yes, give wer or doles of service) SECURITY NO.	INFORMANT ADDRESS	-							
	No 217-54-0930	CHART								
	18. CAUSE OF DEATH	APPROXIMATE IN BETWEEN ONSET A	ND DEATH							
		IONARY EMBOLUS								
	(This does not mean the made at dying, e.g., hoort failure, asthenia, etc. it means the disease,	DISEQUENCE OF:	**********							
∦	injury ar camplication which coused death.)									
	ANTECEDENT CAUSES (8)									
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									
	UNDERLYING CONDITION last. (C)									
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	YSIECTOMY								
- []	U 19A DATE OF OPERATION 1100 COMPUTON FOR WILLIAM OFFICE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	ENSTIGHT GALLSTONE									
н	O 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or of the place of	obout 21 C. WHERE DID (If in Boltimore City, give exect location)								
- 11	2 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	215 11014								
- 11	OF INJURY (APPROX) While At Not While	21F. HOW DID INJURY OCCUR?								
	Work At Work									
-	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
	23A. SIGNATURE	23 B. DATE SIGNED								
	Attending Phys.	Med. Stoff Phys. 4	2							
		ADDRESS	_							
	DANIELH WHITE & DECORE	MA. GEW, HOST								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMAT		(Slote)							
	Burial 5/10/69 Sacred Heart of Mar	ry Cemetery Baltimore, Mary	land							
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2	John J. Duda, 7922 Wise Ave. Dundalk,								
1	MAY 12 1969 Q10. 9-863.960, M.D.	A 7 9 3 1722 WISS AVE. Dundalk,	riu.							

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1	BALTIMORE CITY HEALTH DEPARTMENT								
	BIRTH NO. 69 4802 CERTIFICATE OF DEATH REG. NO. 69 4802								
1	1. NAME OF DECEASED Albert R. Short 2. DATE AND HOUR OF DEATH								
	3, PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)								
	A. STATE B. COUNTY								
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C.C.LY OR TOWNEdgemere D. INSIDE CITY LIMITS?								
1	RUNIV. OF MARY and HOSP, E. STREET AND NUMBER								
0	University of Maryland Hospital 7423 NorTh Point Rd								
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.								
	Male White WIDOWED DIVORCED 4/3/7 52 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. B/RTHPVACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	done during most of working life, even if retired)								
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
	Dodd Rage Short SARAh School craft								
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no of unknown) (III yes, give wor of dotes of service) SECURITY NO.								
	233-24=5297 HOSP. Record								
	DISEASE OR CONDITION DIRECTLY CANDID VASCULAR COLLAPSE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
	LEADING TO DEATH (A) IMMEDIATE CAUSE								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, DR AS A CONSEQUENCE OF:								
	underlying condition last. (c) Rucumalic Rear ()								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
	19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?								
	DEATH (notify medical examiner) etc.)								
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While								
	22, I certify that (I) (this haspital) attended the deceased from 30 April 1969 to 6 May 1969.								
	that (1) (we) last saw the deceased alive an 6 MAY '66 19 and that in (my) (aur) apinion death accurred an the date								
	and haur and from the causes stated obave. (1) (We) (did) (did nat) view the bady after death.								
	23A SIGNATURE 23B. DATE SIGNED Attending Med. Staff 2								
	23 C PHYSICIAN'S Phys. Director Phys								
	NAME (Type) Anderson MA MAN HOSP ROLL, MA								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)								
1	Burial 5/9/69 Oak Lawn Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. ASS. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS								
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS John 7. Duda, 7922 Wise Ave. Dundalk, Md.								



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CERTIFICATION 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (I) (this hospital) attended the deceased from 233 that (I) (***) last saw the deceased alive an and that in(my) (cor) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (100) (dld nat) view the bady after death. 23A SIGNATURE 23B. DATE SIGNED Attending Med. Director PHYSICIAN 23D. ADDRESS NAME (Type) OHN 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION Burial Baltimore Arbutus Mem 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Adolphus Halstead 1206 VS 150-REV. 1/1/65

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contal 5/12/69 Arbutus New Park Stitle De Pa

Adolphus Halatend 1206 M north 18

69 4804 BALTIMORE CITY HEALTH DEPARTMENT

69 4804

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	REG. NO.								
I. NAME OF DECEASED	2. DATE Known A Month Doy Yeor Hour								
(Type or Print) WILLIAM BOSTON	OF DEATH Estimoted 5 6 69 3:25 p.M.								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 6, 1969 3:25 p.M.								
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)								
689 W. Mulberry St. D.O.A.	A. STATE Maryland B. COUNTY 4-02								
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
Male Colored WIDOWED DIVORCED	Balto. YES NO								
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 689 W Mulberry St								
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME								
Maryland USA	?								
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Laborer	15. MOTHER'S MAIDEN NAME								
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS								
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 217-16-0979	MRs Annie Hayden ,Same								
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL								
Arterios	clerotic cardiovascular disease								
LEADING TO DEATH									
(A)IMMEDIATE C	AS A CONSEQUENCE OF:								
injury or complication which coused death.)									
ANTECEDENT CAUSES (B)	ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									
LINDERLYING CONDITION LAST									
(7)									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISE ASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)								
0									
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)								
	e bidg., etc.) INJURY OCCUR?								
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?								
	WHILE O								
23.									
I certify that I held an Inquiry Inspection XX Au	topsy ond that on this bosis, death in my opinion								
resulted from Natural causes Accident Suicide Homicide Undetermined monner									
	CHIEF MEDICAL EXAMINER								
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER XX									
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER								
NAME (Type) Edward F. Wilson, M.D.	5/7/69								
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY									
	emot mr								
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Adolphus Halstead 1206 W North AVe								
110 1969 (12 Color, Jakey	Adolphus naistead 1200 w -orth Ave								
VS 151-REV. 1/1/68	0 4 / 7 0								

73 4/12/96

Maryland

negoda.I

669 W Mulberry St

yes W E 217-16-0979 Who Annie Hayden ,Same

Burial 5/12/69 National Demetry

Baltimore N.

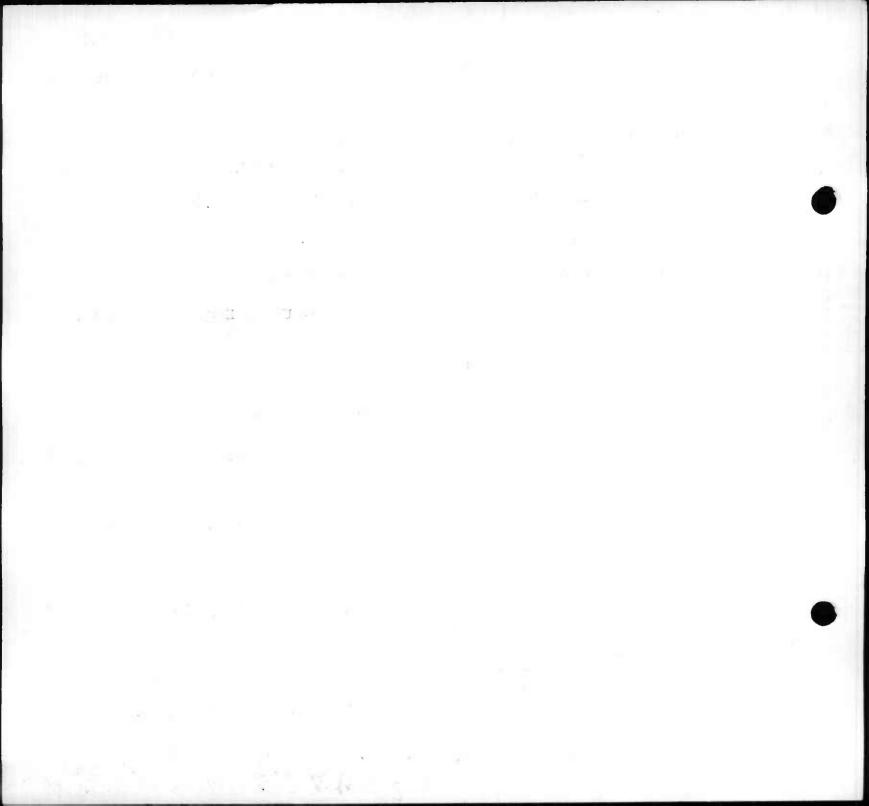
Adolphus Haletead 1206 b Sortin Ave

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death) and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
В	This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be

1	69	480	1.7	HEALTH DEPARTMENTED	\/	20 4005			
	BIRTH NO.	9 4805							
	1. NAME OF DECEASED (Type or Print) DOLORE	S FERGUS	SOM	2. DA1	E AND HOUR OF DEATH				
	3. PLACE IN BALYIMORE MARYLAND, W		4. USUAL RESIDENCE	May 9, 1969	1 3: 15 P M. nstitution: residence before admission)				
	FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	DC B. C	COUNTY	1/- 40			
	HOSPITAL OR ADDRESS OR LOCALINSTITUTION US Public Health S	ATION)	Tamas I I a	C. CITY OR TOWN		IDE CITY LIMITS?			
	3 3100 Wyman Pk. Dri	Ab GLAIGE I	lospital	Washing to	on	YES NO			
		• •		1601 Kalmia Rd.					
	S. SEX 6. RACE COL	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. , If Under 24 Hrs.			
	-	WIDOWED [2/13/30	last birthday 39	Months Doys Hours Min.			
	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HOUSEWLIE	IUE KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole o	r foleign countryl	12. CITIZEN OF WHAT COUNTRY?			
	3. FATHER'S NAME			14. MOYHER'S MAIDEN	NAME				
ļ	Jack Zimmerman			Sarah Car	rter				
l	5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor or dote	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
-	No		? CAUSE OF DEATH	Records- US	PHS Hospital	, Balto, Md.			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a class is the abave cause (A) UNDERLYING CONDITION last.	stating the	(B) Carcin DUE TO, OR AS	A CONSEQUENCE OF:	Her Colon	lyear			
l	TO THE DEATH BUT NOT RELATED TO THE	1 (A)	***************************************		***************************************				
September 5	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERAYION 19B. CONE WAS PERF	DRMED		20A-AUTOPSY? (Yes o	IN CERTIFYING CAL	INDINGS CONSIDERED			
	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. ! hame etc.)	LACE OF INJURY (e.g., in form, foctory, street, offi	or obout 21 C. WHERE DI	D /// In Rollings	e City, give exact location)			
40.00	21D-YIME (Manth) (Doy) (Yeorl (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While At Work At Work								
	22. I certify that () (this hospital)	attended the	deceased fram	Apr. 22	1969 to May	19 69			
	that (I) (we) last saw the deceased		May 9	1969and	that in (my) (our) opin	ion death accurred on the date			
	and have and from the causes state	d abave. (1)	(We) (dld) (dld het) vi	w the bady after dea	th.				
		1.1	Attend	ling [] Med. [7 Shiff Cal	23B, DAYE SIGNED			
	23C. PHYSICIAN'S NAME (Yype)	und,	DEGREE Phys.	D. ADDRESS	Staff Phys.	May 10, 1969			
	Henry	5 6	ict mos		spital, Balto,	Md.			
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAA	ME of CEMETERY OF CREM			r, town, or county) (State)			
	Burial 5/13/6	9 Ra7	to Nat. Ce	m •	Baltimore Ch				
2:	A. DATE RECTO BY HEALTH DEPT.	58, NAME OF	REGISTRAR AL D	Steves on Piers		19APPEUL			
L	160 BSV 1076	muelle 4	" Aldroth La	TSTETS	WD. WILS	OVI BERBINO			

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VS 150-REV. 1/1/68



6	9 480		HEALTH DEPARTMENT	REG. NO.	69 4806	
BIRTH NO.	10 400	CERTIFICA	TE OF DEATH		1000	
1. NAME OF DECEASED (Type or Print)			2. DATE	AND HOUR OF DEATI	н	
Frederick 3. PLACE IN BALTIMORE, MARYLAND	Joseph Y:		Mar 4. USUAL RESIDENCE (W A. STATE B. CO	y 8, 1969 There deceased lived, If UNTY	institution: residence before admission)	
FULL NAME OF (IF NOT IN HO ADDRESS OR LINSTITUTION	SPITAL OR INSTITU	JTION, GIVE STREET	Mary land Bull Co. CITY OR TOWN D. INSIDE CITY LIMITS?			
90 Mt. Sinai	Home	Catonsville YES NO				
7				ester Avenue		
S. SEX 6. RACE W	7. MARRIED	NEVER MARRIED DIVORCED	6-24-1896	9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A, USUAL OCCUPATION (Give kind of done during most of working life, even if reti	red)		17, BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY	
Ret. Conductor	Penna.	R. R.	Maryland	1444	U. S. A.	
13. FATHER'S NAME August Yienger			Mary Ann			
15. Was Deceased Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Yes, no or unknown) (If yes, give war or No	dotes of service)	None	Elva S. Yieng	ger 1305 Dore	chester Ave. 21207	
	ISES if any, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED 21B. hom etc.	(c) A rten	n or obout 21C. WHERE DID	Noll 208, IF YES, WERI	efect 2 4 hms 15 ms 15 ms E FINDINGS CONSIDERED AUSES OF DEATH?	
OF INJURY (APPROX.)		ile At Not Whil		INSURT OCCUR:		
22. I certify that (I) (this has that (I) (we) last saw the decount and hour and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	stoted above. (I) (We) (did) (did Athen) was a segree Phy	riew the body after deater anding Med. S. Director 23D. ADDRESS	Staff Phys.	pinian death accurred an the date	
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specifyl	K. Grossn	DEGREE	1527 E. North		City, town, or county) (Stotel	
Buria1 5-12		len Haven Ceme			A A Co. Md.	
25A. DATE REC'D BY HEALTH DEPT.		E GEORGE	2SC. FUNERAL DIRECT		Wilkens Ave. 21229	
V\$ 150-REV. 1/1/68 -		432				

J. E. WASHINGTON SAN THE THE RELEASE OF THE PARTY OF THE PARTY. North Measure of Willer Control old C u A. in the 19 15 15 10 12 15 The state of the s

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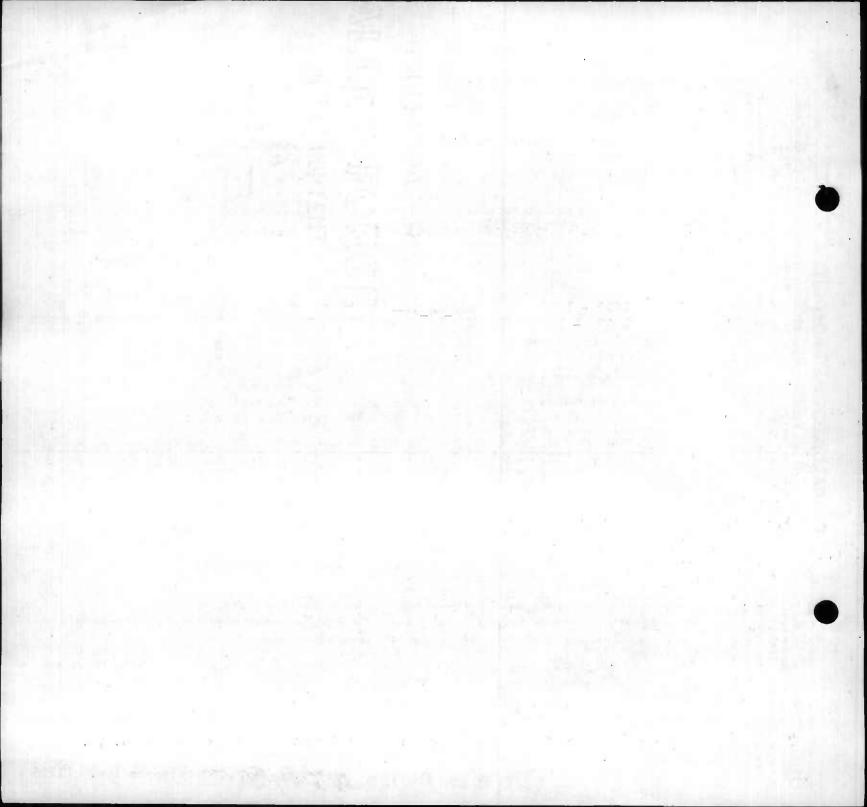
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	69	4807

BIRTH NO. CERTIFICA	TE OF DEATH
1. NAME OF DECEASED (Type or Print) GUST F. Mowelf	2. Date and Hour of Death "May 8,1969 1510 P. N
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY C. CITY OR TOWN YES NO
Mentebelle State Hespital	E. STREET AND NUMBER (1) C. Churchill 37
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 6.3 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
don. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Boiler English A & I	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY CL Sq
Fred Browell	Course SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 1923 - 1926	17. INFORMANT ADDRESS ADDRESS
injury or complication which caused death.) ANTECEDENT CAUSES	Sand autorios claroses Jeans A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i one, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ffice bldgt, INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on	The dot
OEGREE Phys	anding Med. Staff ST
OEGREE	Montchede Angrith.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE 24C. NAME of	merial Park Dersey Heward Co. Md.
25A. DATE REC'D BY HEALTH DEAT. 25B. NAME OF REGISTRAR	2sc. funeral director Address

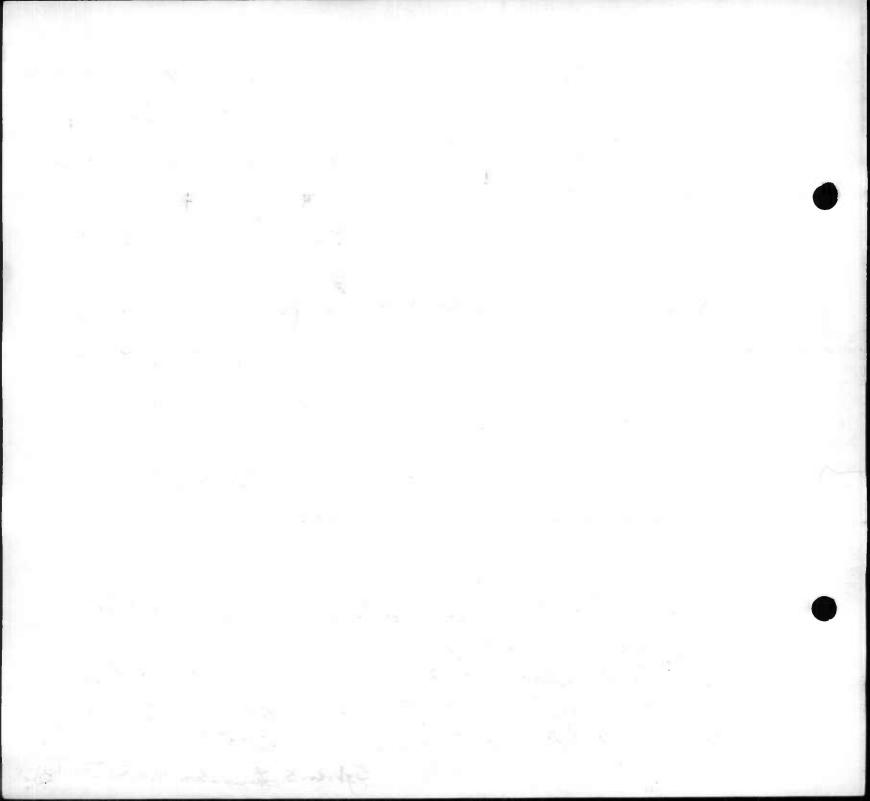
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4	1886
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause af death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	Also, e of oun
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RAI	med bur bhy an v
N	chie Body the ysici
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69 48	KI IN	HEALTH DEPARTMENT	Y	69 4808
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	2000
1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH	
_ Lustick (harles	Mar	7,1969	61058
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INST	NTUTION, GIVE STREET	Washing	Ton !	P.C. V-48
INSTITUTION		C, CITY OR TOWN	D. INSI	IDE CITY LIMITS?
Simai 7/	12 /m	C STORET AND AUGUST		YES 4 NO
Ha Horge of	Tan ,	E. STREET AND NUMBER 2936 BL		Terr. N.W.
6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MIDOWE		1884	ST DIFFINGOY)	Monins Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND one during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		1 otane	1	Usa
3. FAIRER 3 NAME		14. MOTHER'S MAIDEN NAM	E	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
Testing of pliking the Ass. Black Mot of doles of service	SECURITY NO. 579-05-8789	0 .		
18.		a write		Same
421.2 0000.9	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				BETWEEN ONSET AND DEATH
(This does not moon the made of dying, e.s	(A) IMMEDIATE CAU	SE Caroleogen	re Sh	
heart latture, asthenia, etc. It means the disease	DUE TO, OR AS	CONSEQUENCE OF:	***************************************	
injury ar camplication which caused doath.)				1
ANTECEDENT CAUSES	(n)			
DISEASES OR CONDITIONS, il any, givin	g DUE TO, OR AS	A CONSEQUENCE OF:	OGTER	Z.
inse la lhe abave cause (A) sloting th	0			
UNDERLYING CONDITION last.	(c)			
z	-0	*	,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7	1.7.	1/1	-
DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************************		every	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
214 A CORNEY WAS INCOME.		0	OLKIII IIII O CAD	Jaes Or DEATH?
OR CONTRIBUTING TICALISE OF	B. PLACE OF INJURY (e.g., in me, form, foctory, street, offi	or about 21C. WHERE DID	(If In Boltimore	City, give exoct locotion)
DEATH (notify modical examiner)	c.)			
	& INJURY OCCURRED	21 F. HOW DID INJUR	A OCCIIBS	
(APPROX.)	hile At Not While		T G G G G K.	
W	ork LJ At Work			
22. I certify that (I) (his hospital) attended	the deceased from	14/19/69 19	to5	-/7/69 19
that (1) (we) last saw the deceased alive on.	6:05 PM #1	7/19 49 ond that	In the laws and	on death occurred on the dote
and hour and from the couses stated above	(i) (was fact that	il li i i i i i i		non death occurred on the dote
23A. SIGNATURE	("e) (ald not) VI	ew the body ofter deoth.		
11/1	- AWar	ding Med. Sic		23B, DATE SIGNED
ely Delpodina	DEGREE Phys.	ding Med. Sto	ys. d	5/7/69
23C.PHYSICIAN'S	25	D. ADDRESS	/	7/1
V=+cul (-	241	1 7/	1-	12/1
A BURIAL CREMATION, 27B. DATE 24C.M	AME of CEMEYERY OF CREA	MATORY 24D. LOS	The state of the s	Tell.
REMOVAL (Specify)	2 07: 11 0	240. 100	City	, lown, or county) State)
Carolina III	sollo Helr	en Ke	sterslow	mol
	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	67 90 C ADD	Syphodin S. La	ins of Som	9610 Renderation
150-PEV. 1/1/68				



hospital death. ance (5) cause attend Undetermined cause; 2 8 prior contributing occurred 9 regul deceased Ξ 0 20 the 4 3 IMPORTANT eath 0 kind; final attendance Ö any pronounced 9 balmed fracture of olar FUNERAL DIRECTOR: E O who regi (3) A are physician before the remains a medical Was No physician (2) Body the where the body was released to the hospital An accident of any nature; obtained 9 approved (except and

hospital death)

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BALTIMORE CITY HEALTH DEPARTMENT 4809 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH ALBERT (Type or Print) LEAGUE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? MEMORIAL HOSPITAL BALTIMORE UNION YES 🖂 NO E. STREET AND NUMBER 1018 BIDDISON LANE made. 5. SEX 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. lost birthdoy Hours -19-9 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) MARYLAND PRESIDEIVT
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELLWOOD L. LEAGUE DELLA ADAMS 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor ar dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 712-26-3223 JR-3221 SHANNEN DR B. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart loilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION Jost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID home, farm, foctory, street, affice bldg., INJURY OCCUR? (Il In Boltimore City, give exact location) MEDICAL DEATH Inotify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While -At [APPROX.] 22. I certify that (\$ (this hospital) attended the deceased from... MAY 19 69 to that (I) (we) lost saw the deceased alive on.... Pe ond that In(my) (our) opinion death occurred on the date must and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending [Director __ approval Phys. 23C. PHYSICIAN'S MI GUEL SANCHEZ-PALACIOS 23D. ADDRESS UNIOW MEMORIAL 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) (City, town, or county) (Stote) 1301211-6 PORELIND ARKUILLE 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR LARRY

69 This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

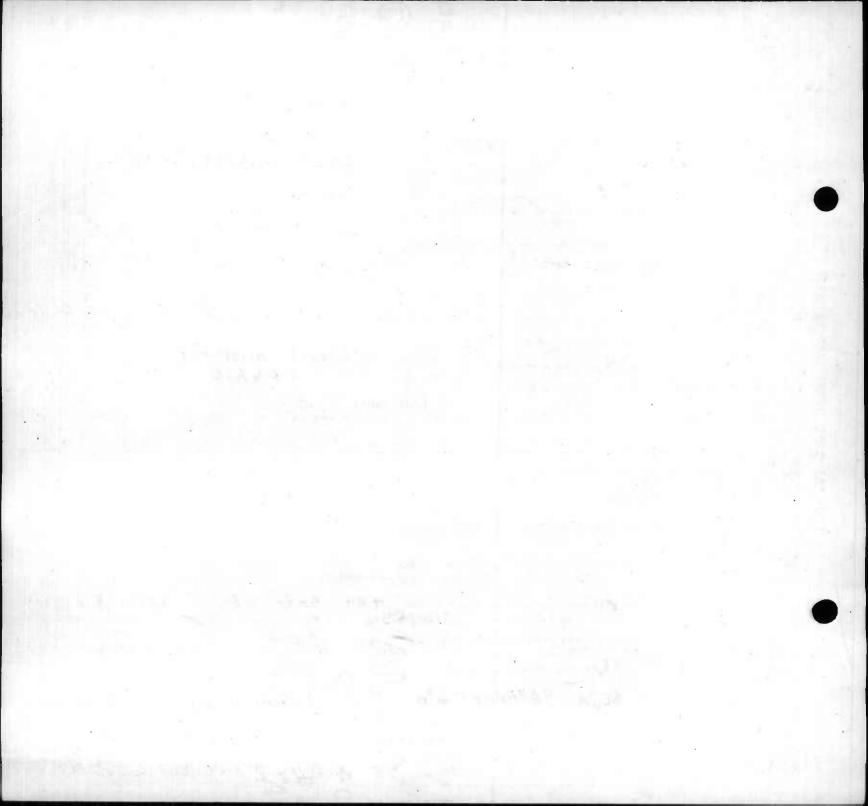
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BALTIMORE CITY HEALTH DEPARTMENT CEDTIFICATE OF DEATH

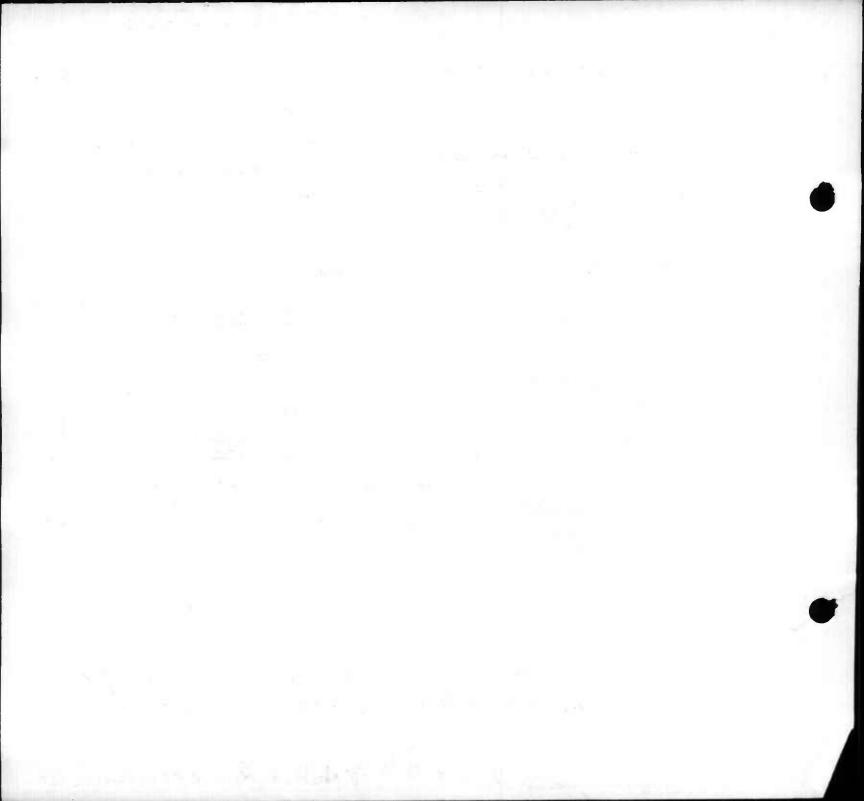
REG. NO.

BIRTH NO.	ECEASED			2. DATE AND HOU	R OF DEATH	
(Type or Print)	BROWN	MALINDA		5-8-69	1,20	
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RE	B. COUNTY	ed lived. If institution:	residence before o
FULL NAME C	F (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Mary	land	/	6-05
HOSPITAL OR	ADDRESS OR LOC	A IION)	C. CITY OR TO		D. INSIDE CITY	LIMITS?
Lutheran	hospitel of	Maryland	E. STREET AN	IMOFE ID NUMBER	YES] NO []
41	0		252		TE AVE	
S. SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF B			der 1 Yr. If Under
t	C	WIDOWED DIVORCED			73	. Days Hooks
	CUPATION (Give kind of wor of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR				TIZEN OF WHAT
			NORTH	ICAROLINI	' (1. S.A.
13. FATHER'S N		1		MAIDEN NAME		
JOHN				A COLLIN	3	
IS. Wos Deceos (Yes, no or unkno	wn) (If yes, give wor or do	es of service) 16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS
No		216-28-697	5 CLAR	ENE DUNC	PAN 252	8 LAURE
	e, osthenio, etc. It meon omplication which cause ANTECEDENT CAUSE	d deoth.)	S A CONSEQUEN	CE OF: CYAS		
DISEASES	omplication which couse ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) NG CONDITION lost.	ony, giving Sloting the	oniz as a consequen			,
DISEASES TISE TO THER SIGN TO THE DE	OMPLICATION WHICH COUSE ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II WIFICANT CONDITIONS CO	ony, giving Sloting the (C)	oniz as a consequen			,
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the body was released to the hospital by a medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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BIRTH NO. CERTIFICA	ATE OF DEATH 13 REG. NO. 1814	9
I.NAME OF DECEASED (Type or Print) BECKWITH, Katherine	2. DATE AND HOUR OF DEATH	D.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE B. COUNTY	P. M
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?	
33The Johns Hopkins Hospital	Baltimore YES NO NO NOTE: STREET AND NUMBER 1632 Caroline Street	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED Female Negro WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years Solution Solution	er 24 Hrs. Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTRY
Joseph Corbin	14. MOTHER'S MAIDEN NAME Edna	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) If yes, give war ar dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT I tilda Corbin, 2577 W. Fayette	St.
injury ar camplication which caused death,)	TH APPROXIMATE I	NTERVAL
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING[7].	Jalen ; gastuc Tunan	
WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	10
OR CONTRIBUTING CAUSE OF home, form, loctory, street, of etc.	in at about 21 C. WHERE DID ffice bldg., INJURY OCCUR? (If In Baltimore City, give exact location)	
21D.TIME (Manth) (Doy) (Yearl (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased fram	19 ta 1/9/69 19 19 and that In(my) (aur) apinian death accurred an	
DEGREE Phys	riew the bady after death. 23B. DATE SIGNED	
JEROME KUBIN M.D. DEGREE	JOHNS HOPKINS HOSP.	-
REMOVAL (Specifyl S-13-69 Mt. Calvary	MATORY 24D. LOCATION (City, town, or county) Brookleyn, Sud	(Stotel
MAY 12 1969 (10.5) A TO OF THE REC'D BY HEALTH DEPT.	25C, FUNERAL DIRECTOR Rice, 661W, Barne	84



69 4812 BALTIMORE CITY HEALTH DEPARTMENT

69 4812

MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH
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BIE	TH NO.		MED	ICAL		AMINER 3	-CKIIII	CATEC) L	JEAI	REG. NO.		
	NAME OF DEC	EASED					2. DATE	Knawn XX		Month	Doy	Year	Hour
(Туі	e ar Print)	ALBERT	DAVI	S			OF DEATH	Estimated		5	8	69	9:50 pm.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PR	ONO	UNCED DEAD	3. DATE			Manth	Day	Year	Haur PM.
HO	L NAME OF	(IF NO	T IN HOSPITA	L OR INST	ITUTIO	N, GIVE STREET		UNCED DEAD		May	8,	1969	9:50рм.
UK	NOITUTITZAN	Luther	an Hos	pitaļ			A. STATE	Maryland			ed. If institutio B. COUNTY	n: residence	before odmission)
6.	SEX	7. RACE		8. MARRI	ED-E	NEVER MARRIED	C. CITY OF	TOWN			D. INSIDE C	ITY LIMITS?	
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9. 1	8-8-06	1	10. AGE (In	yeors	If Uno	der 1 Yr. If Under 24 Hrs. Is Days Haurs Min.	E. STREET	AND NUMBER					
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	Virgin:		in country)			HAT SOUNTRY?	1	Eli Dav	ris				
144	USUAL OCCU	PATION (Give	e kind of work	48. KIND	OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN	NAME				
don	retire	orking lite, ev	en if refired)					Josephi	ine				
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL	18. INFOR	MANT			Α	DDRESS	
(Ye	s, no or unknown) NO	(If yes, give v	vor or dotes	of service)		217037855	L	ucinda	Da	vis	S	ame	
	19.	24	-			CAUSE OF DEA	ТН						PPROXIMATE INTERVAL
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Z E			oy) (Yeor) (Hour) 22	E.INJURY OCCURRED		22F. HOW DID	INJU	RY OCCL	JR?		
	OF INJURY (APPROX.)				m. WI		WHILE						
	23.					OKK AI W							
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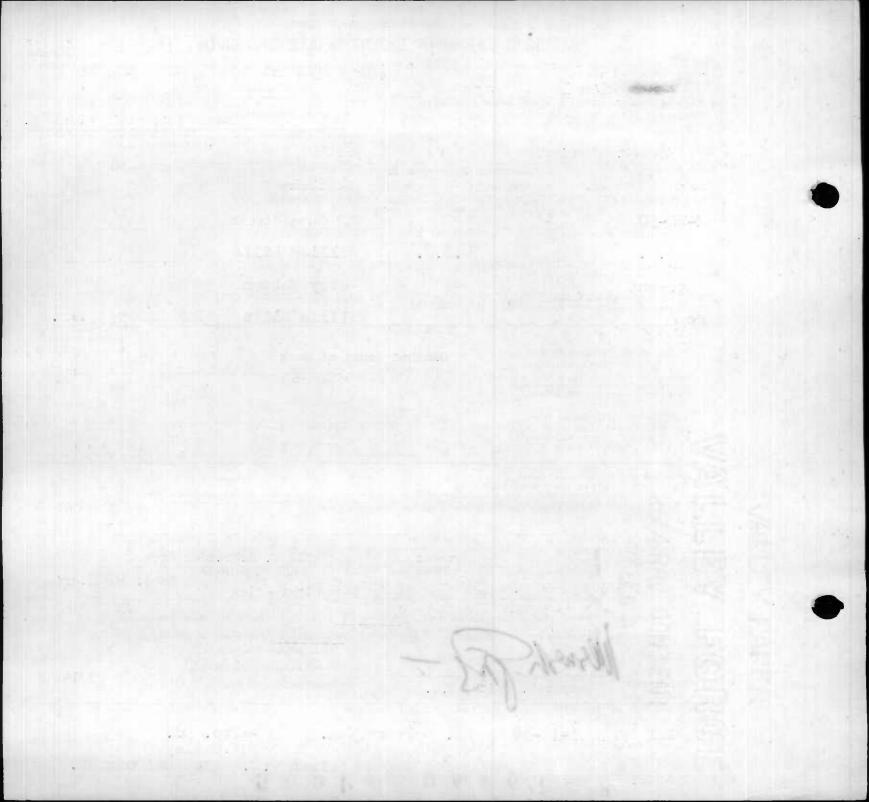
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VS 151-REV. 1/1/68

69 4813 BALTIMORE CITY HEALTH DEPARTMENT

			MED	ICAL	EX	AMINER'S	CERTIF	CATE	OF	DEAT	H REG. NO.	69	4813
BIRTH	NO.										KEO. 140.2		
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9. DA	TE OF BIRTH		10. AGE (In	years	If Und	er 1 Yr. If Under 24 Hrs.	E. STREET	AND NUA	ABER				
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	BURIAL CREA	AATION,	24B. DATE	V	24C.	NAME of CEMETERY	or CREMAT	ORY	24D.	LOCATION	(City, town	, ar county)	(State)
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25A.	DATE REC'D			25B. NA	ME C	OF REGISTRAR	25C.	FUNERAL	DIRECTO			DDRESS	
	MA	112	1969	JI'-	232	E, Jerice	K	elson	F.	H. 1	348 Cal	Lhoun	St.
		7.0		All The second		9							



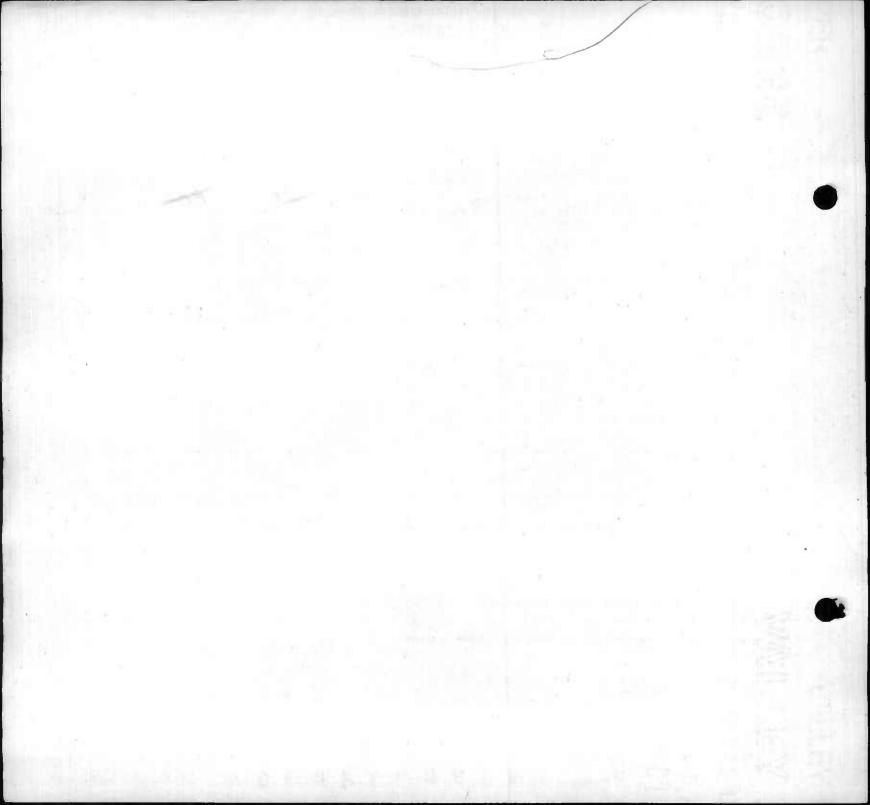
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in

a hospital and

3. PLACE IN BALTIMORE, FULL NAME OF HOSPITAL OR INSTITUTION LUTHER HOSPITA 5. SEX 6. RACE MALE 10A. USUAL OCCUPATION	MARYLAND, WHERE PRO NOT IN HOSPITAL OR IN DRESS OR LOCATION) AN UF Mo	ONOUNCED DEAD		NTY	12. 35 partitution: residence before odmis 15 - // IDE CITY LIMITS?
1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, FULL NAME OF HOSPITAL OR ADI INSTITUTION LUTHER HOSPITA 5. SEX 6. RACE MALE 10A. USUAL OCCUPATION	MARYLAND, WHERE PRO NOT IN HOSPITAL OR IN DRESS OR LOCATION) AN UF Mo	EDWARD DNOUNCED DEAD ASTITUTION, GIVE STREET	2. DATE A	5- 8-69 ere deceosed lived. If in	15 - // IDE CITY LIMITS?
FULL NAME OF HOSPITAL OR ADIINSTITUTION LUTHER HOSPITAL 6. RACE MALE 10A. USUAL OCCUPATION	MARYLAND, WHERE PRO NOT IN HOSPITAL OR IN DRESS OR LOCATION) A U M M M M M M M M M M M M	ONOUNCED DEAD	A. STATE M. OL C. CITY OR TOWN BALTO	ere deceosed lived. If in NTY	15 - // IDE CITY LIMITS?
3. PLACE IN BALTIMORE FULL NAME OF HOSPITAL OR ADDITION 2. UTHER HOSPITA 5. SEX 6. RACE MALE NEG 10A. USUAL OCCUPATION	MARYLAND, WHERE PRO NOT IN HOSPITAL OR IN DRESS OR LOCATION) A U M M M M M M M M M M M M	ONOUNCED DEAD	A. STATE M. OL C. CITY OR TOWN BALTO	NTY	15 - 11
HOSPITAL OR ADI	AN HOF MO		C. CITY OR TOWN BALTO	D. INSI	
NSTITUTION LUTHER HOSPITA SEX 6. RACE MALE NEG OA. USUAL OCCUPATION	AN N OF MO		BALTO	D. INS	
HOSPITA SEX 6. RACE MALE NEG OA. USUAL OCCUPATION	M OF MO	/			
MALE NEG		1	IIC. SIKEEI MIND NUMBEK		YES NO
MALE NEG	7	A.	37025	COLUMBO	US DR.
IOA. USUAL OCCUPATION	/ · MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	ROID WIDOV		10-1-80	9. AGE (In years lost birthdoy)	
done during most of working life		D OF BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COU
			M.C		U.S.A
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
5. Was Deceased Ever in 1	1 S Armed Force?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes,	give wor or dates of servi	SECURITY NO.			11
NO 18.		CAUSE OF DEAT	ROLLE CRIST	- 5AM	OF - daugh
DISEASE OR C	ONDITION DIRECTLY		USE ACUTE DO		BETWEEN ONSET AND I
DISEASES OR CON	DENT CAUSES IDITIONS, if any, give cause (A) stating of the cause (A)		HFART FAILVR	E ASCI	2
F TO THE DEATH BUT NO	ONDITIONS CONTRIBUTION RELATED TO THE TERMIN				
DISEASE OR CONDITION		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	OB. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION			NO		
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	office bldg., thjury occur?	(If in Baltimor	re City, give exoct location)
21D. TIME (Month)	(Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Not Whi			
22. I certify that (1)	(this haspital) attend	led the deceased from	4-10	19 69 to 5	- 8 19 6
	w the deceased alive		19 6 9 and t	hat in(my) (and opi	inian death accurred an the
	ne causes stated abav	ve. (I) (We) (did) (did not)			
and have and from th					23B, DATE SIGNED
and have and from the	x1 -18	An	anding C	CA-H CT N-A2	
23A. SIGNATURE	& fon 13	M. 3 - DEGREE Phy	rending Med. ys. Director	Staff Phys.	
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	for 13	M. 3 - DEGREE Phy	23D. ADDRESS	Phys.	
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Frants RGE t.	GARCIA DEGREE	23D. ADDRESS	Phys.	PITAL OF M
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)		CARCIA DEGREE	23D. ADDRESS LU THER A REMATORY 24D.	Phys.	PITAL OF M
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	5-11-69 24	GARCIA DEGREE	23D. ADDRESS LU THER A REMATORY 24D.	Phys. A LOCATION (C) WESTFIE	LD, N.C.

5-1/-EY HEALTH DEPT. VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

	1015	BALTIMORE CITY HEALTH DEPARTMENT
3	AOTO	CEDITIES ATE OF DEATH

-	ADAE
1.	4815

	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO	63 4813				
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	THE SCHEK FRENCHER SR.	MAY 8, 1969	9 A. M.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, il institution: residence before odmission)					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	C.CITY OR TOWN D. INSIDE	25-44 E CITY LIMITS?				
			YES NO				
A	13 S. B. C. H.	E. STREET AND NUMBER					
		8/5 DEFFREY STRE	El				
	MARKED INTEREST	8. DATE OF SIRTH 9. AGE (In yoors last birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	7-23-22 46					
	done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?				
	Auditor STATE ROADS COMM	Appropriate Mississippi	U.SA.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	PTASCHEK, JACK.	MADELINE. Et	heridge				
	15. Was Deceased Ever in U. S. Armed Forcos? (Yos, no or unknown) (if yes, give wor or dotes of service) SECURITY NO.						
	Yes W W 2 427-20-1514	Mr. Fredrick J. Ptaschek, Jr	.3600 Harford Rd.				
	18. CAUSE OF DEATH	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY	nat known?					
	LEADING TO DEATH IThis does not mean the mode of dying, e.g., (A) IMMEDIATE CAU	79F	***************************************				
-11	heart failure, asthenio, etc. It means the disease,	A CONSEQUENCE OF:					
_	injury or complication which coused death.) ANTECEDENT CAUSES H & D	7 - 0 1					
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:					
	den to the above annual tax state of	halie Cirhan.					
	UNDERLYING CONDITION lost. (c) Rue	have chronaus.					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		•••••••••••••••••				
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	IDINGS CONSIDERED				
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	No IN CERTIFYING CAUS	ES OF DEATH?				
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir home, lorm, loctory, street, after DEATH Inably medical examined)	n or obout 21C. WHERE DID (If in Boltimore (fice bidg., INJURY OCCUR?	City, give exact location)				
	210-TIME (Month) (Doy) (Yoon) (Hous 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
I	OF INJURY (APPROX.) While At Not While Work At Work	• 🗆					
	22. I certify that (I) (this hospital) attended the deceased from	S-5 - 1969 to 5	- X 1969				
li	that (1) (we) lost sow the deceased alive on S - X -	(c)	on death occurred on the date				
	and hour and from the causes stated above. (1) (We) (did) (did not) vi	•					
Ш	23A. SIGNATURE		3B. DATE SIGNED				
		nding Med. Staff Director Phys.	5/8/69.				
	DEGREE	South Baltimore Gene	eral Hospital				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City.	town, or county) (State)				
	Burial 5/12/69. Baltimore Nationa	al Cemetery Baltimore, A	/id.				
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Tennand In Ruck, Inc. Balt	to Md. 21214				

her a sale of the
						BALTIMOR	E CITY HE	ALTH DE	PARTMENT
			69	48	16	CERTIF	ICATI	FOF	DEATH
	TH NO.					CLKTII	ICATI		
	Pe or Print)	EASED	Mary	Frances	в Но	pps			2. DATE
	PLACE IN BAL						A.	. STATE	B. CO
HC	LL NAME OF SPITAL OR STITUTION	ADDR	ESS OR LOC	TAL OR INST	ITUTIO	N, GIVE STRE		CITY OR T	
	00	5719	White	Avenue			E.		imore
5. 5	EX	6. RACE		7- MARRIEI		IEVER MARRIE	B. I	DATE OF	BIRTH
]	Female	Whit	te	WIDOWE	_	DIVORCE	= 0	ctobe	r 12,18
	USUAL OCCI o during most of Housew	working life,			OF BUS	INESS OR IN	OUSTRY 11.	BIRTHPLA	CE (Stote or Mary
13.	FATHER'S NA		lenry J	. Etzel			14.	MOTHER	'S MAIDEN
S. Ye	Was Deceased s, no or unknown NO	Ever in U.	S. Armed Fo	orces? les of service!		SOCIAL SECURITY NO 5-32-98		INFORMA	rma Cul
_	1B., ~~					CAUSE OF			zina oa.
	DISEASES (rise to the UNDERLYING	ANTECEDE OR COND o obave	vhich cause INT CAUSE ITIONS, if couse (A)	d death.) S any, givin	g		Po-		of the
ICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOT	RELATED TO GIVEN IN PA N 198 COI	THE TERMINAL RT 1 (A).	Ł	CO	iona	1	nuff OPSY? (Yes o
CERTIFIC	21A, ACCIDE	MONE II		RFORMED 12.	1 R. P1 A	CE OF INJUR	V (e.g. in or	about 21C	WHERE DI
CAL	OR CONTRIBU	TING C	AUSE OF	_ h	ome, fo	orm, factory, s	leet, office	bldg., INJ	URY OCCUP
MEDI	21D. TIME OF INJURY (APPROX.)	(Month)	(Doy) (Yeor	V	Vhile A Vork	TRY OCCURR	of While C	21 F.	HOW DID
	22. I certify	that (1) (1	his haspita	l) attended	the d	eceased fran	n		^
	that (1) (we)	last saw	the deceas	ed alive an		m	ry 7	19 6	9 and
	and have an	fram the	causes sta	ated abave.	(1) (W	e) (did) (did	nat) view	v the bad	y after dea
H	23A. SIGNATU		on	1 1-10-		ma	Attendir	ng th	Med.
	23 C. PHYSYCIA	NS YPE T	11/27	MAGA		man.	23 D	ADDRESS	
244						of CEMETERY			05 B
ZAF	REMOVAL (Buria.	Specify)	5/12/			wood Ce			240
5 /	. DATE REC'D	BY HEALT	H DEPT.	25B. NAME				25C. FUN	ERAL DIREC
	1111,	HI 12	1969	Melsen	46	Quelle 4	とう	Lec	mard J

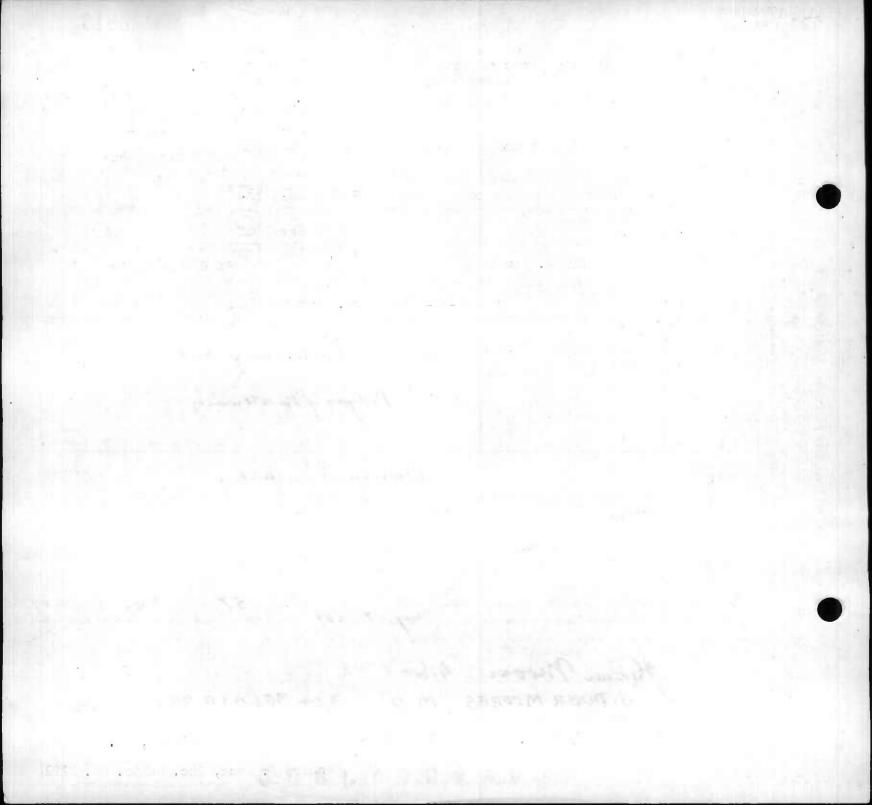
REG NO EQ 4816

BIRTH NO.							
1. NAME OF DE			2. DATE AND HOUR OF DEATH				
		rances Hopps	M	lay 8, 1969.	10115		
FULL NAME OF	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			COUNTY	institution; residence before odn		
HOSPITAL OR	ADDRESS OR LOCA	(TION)	C. CITY OR TOWN	D. IN	VSIDE CITY LIMITS?		
	da- 0 1		Baltimore		YES X NO		
00	5719 White A	venue	E. STREET AND NUM	5719 Whi	te Avenue		
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months; Doys Hours		
Female	White	WIDOWED X DIVORCED	October 12,	1893. 75			
	working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY		or foreign country) yland	USA		
13. FATHER'S NA	ME		14. MOTHER'S MAIDE	NNAME			
	Henry J.	Etzel		Kate Eng	gelmeyer		
S. Was Deceose	d Ever in U. S. Armed For		17. INFORMANT		ADDRESS		
No No	n) (If yes, give wor or dote	s of service) SECURITY NO. 216-32-9853	Mrs. Irma C	ullison	(Same)		
	, asthenia, etc. It means mplication which caused						
rise to It	ANTECEDENT CAUSES OR CONDITIONS, if ne obave couse (A) G CONDITION last.	(B)	Polyps of the S A CONSEQUENCE OF:	stowar	1 ge-		
OTHER SIGNITO THE DEA	ANTECEDENT CAUSES OR CONDITIONS, if no obave couse (A) G CONDITION last. II FICANT CONDITIONS CO JH BUT NOT RELATED TO THE	any, giving Stoling the (C)			lye.		
other signi	ANTECEDENT CAUSES OR CONDITIONS, if ne obave couse (A) G CONDITION last.	Only, giving Stoling the COONTRIBUTING HE TERMINAL TO A LONG TO A	2	ficiony	lya. RE FINDINGS CONSIDERED CAUSES OF DEATH?		
OTHER SIGNION TO THE DEAD DISEASE OR DISEASE OR DISEASE OR DISEASE OR DISEASE OR DISEASE OR CONTRIBUTE OR CONTRIBU	ANTECEDENT CAUSES OR CONDITIONS, if ne obave couse (A) G CONDITION last. II FICANT CONDITIONS CO JH BUT NOT RELATED TO TE CONDITION GIVEN IN PAR F OPERATION 1998 CON	Only, giving DUE TO, OR AS Soling the (C)	120A. AUTOPSY? (Yes	free or No) 20B, IF YES, WER IN CERTIFYING C			
OTHER SIGNI TO THE DEA	ANTECEDENT CAUSES OR CONDITIONS, if ne obave couse (A) G CONDITION last, FICANT CONDITIONS CO OTH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR F OPERATION 198 CON WAS PERI UTING CAUSE OF	ONTRIBUTING HE TERMINAL TOTAL TOTAL AND THE TERMINAL TOTAL TOT	in or obout 21C. WHERE office bldg., INJURY OCC	free or No) 20B, IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?		
OTHER SIGNI TO THE DEA TO THE DEA DISEASE OR 19A. DATE O OR CONTRIB DEATH (notif OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if ne obave couse (A) G CONDITION last. II FICANT CONDITIONS CO THE BUT NOT RELATED TO 18 CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PERI UNING CAUSE OF The medical examiner (Month) (Doy) (Year) The third cause of the country of the co	NIRIBUTING HE TERMINAL 1 1 (A). DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Work While At Mork 1 attended the deceased fram At dalive an Many	in or obout 21C. WHERE office bldg., INJURY OCC	JOB. IF YES, WER IN CERTIFYING COUR? ID INJURY OCCUR? 1957 ta and that in (my) (aur) a	CAUSES OF DEATH?		
OTHER SIGNI TO THE DEA TO THE DEA DISEASE OR 19A. DATE O OR CONTRIB DEATH (notif OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if ne obave couse (A) G CONDITION lost. FICANT CONDITIONS COUNTY CONTROL OF	ONTRIBUTING HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,) (Hour) 21E. INJURY OCCURRED While At Work Work Not White At Work) attended the deceased fram and alive an red abave. (1) (We) (did) (did nat)	in or obout 21C. WHERE office bldg., INJURY OCC. 21F. HOW D 21F. HOW D we the bady after d wending Med. Director	DID (If In Boltin UR? (If In Boltin UR?) To INJURY OCCUR? To INJURY OCCUR?	nore City, give exoct locotion)		
OTHER SIGNI TO THE DEA DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if ne obave couse (A) G CONDITION lost. II FICANT CONDITION S CO. THE BUT NOT RELATED TO 15 CONDITION GIVEN IN PAR FOREIGN WAS PERION (MAS PERION) (Month) (Doy) (Yeor) Type) (DUEZ R)	ONTRIBUTING HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,) (Hour) 21E. INJURY OCCURRED While At Work Work Not White At Work) attended the deceased fram and alive an red abave. (1) (We) (did) (did nat)	in or obout 21C. WHERE injury occurs 21F. HOW D	ficions or No) 20B, IF YES, WER IN CERTIFYING CO DID UR? (If In Boltin UR?) 10 INJURY OCCUR? 1957 ta and that in (my) (aur) a leath. Staff Phys. 3507 IR RG	nore City, give exoct location) 19 depinion death accurred an tile 238, DATE SIGNED		

VS 150-REV. 1/1/6B

Leonard

Je Ruck, Inc. Balto. Md. 21214

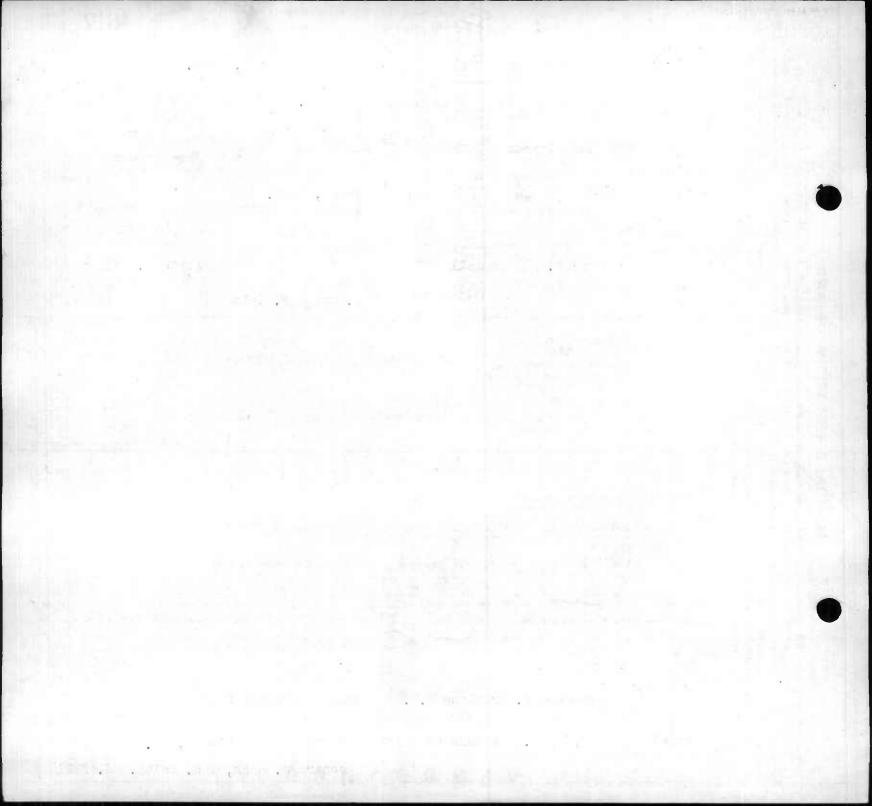


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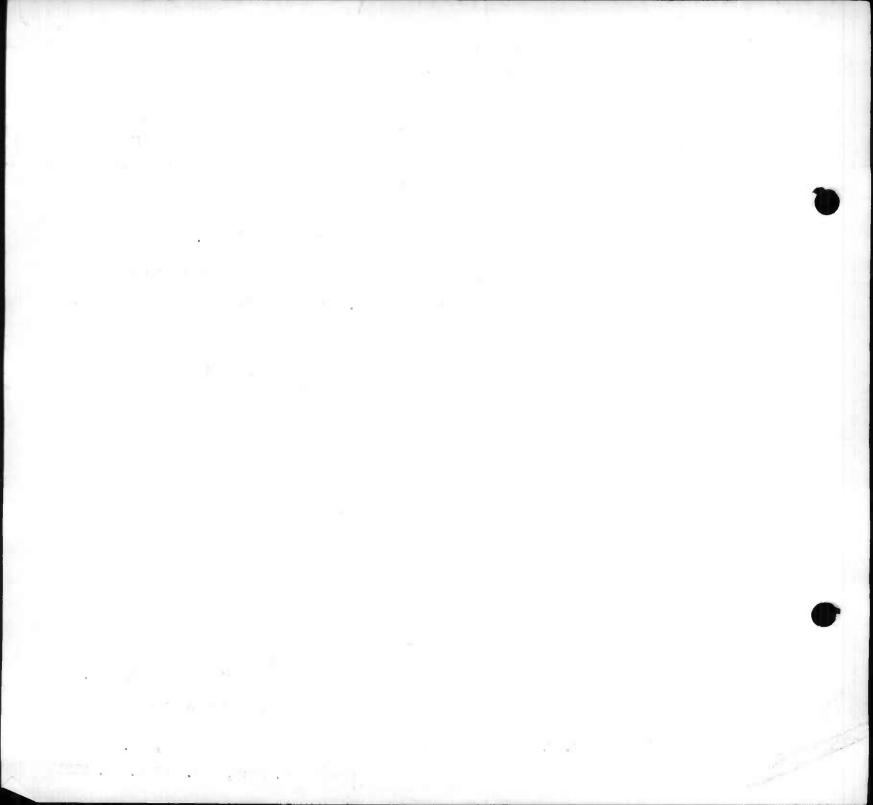
-	10119	BALTIMORE	CITY	HEALTH	DEPARTMENT
9	4817	CEDTIEL	C A	TE O	E DEATH

REG. NO. 69 4817

BIRTH NO	RTH NO. NAME OF DECEASED 12. DATE AND HOUR OF DEATH								
Type or		Pyrl	e Marie	Holm			8, 1969.		4 3 PM
		MARYLAND, WI			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY Md.				sidence before odmission)
HOSPITA INSTITUT	L OR AD	DRESS OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR T		D. IN	YES X	MILZS.
50	275	2 The Ala	meda		E. STREET A	ND NUMBER	2752 The	Alamed	a
ema.		ite	WIDOWED			, 1906.	9. AGE (th years lost birthdoy) 63		Doys Hours Min.
ne durin	AL OCCUPATION In most of working to OUSEWIFE		10B, KIND OF	BUSINESS OR INDUSTR	1,500	irginia	ign country)	US	A
. FATH	ER'S NAME	Jubal S.	Clingen	npell	14. MOTHER	'S MAIDEN NA	Elizabet	h M. M	filler
	unknown) (If yes,	U. S. Armed Force give wor or dotes		SECURITY NO.	Mr. Ra	lph P. H	olm		(Same)
NO OTHE TO T	ER SIGNIFICANT OF THE DEATH BUT NASE OR CONDITION	ONDITIONS CONDITIONS CONDITIONS CONTROL TO THE CONT	NTRIBUTING IE TERMINAL	· o o o o o o o o o o o o o o		rynd			10-12 yrs
E O		WAS PERF	ORMED	WHICH OPERATION	20A. AUT	OPSY? (Yes or No	IN CERTIFYING C	E FINDINGS AUSES OF I	DEATH?
OR 0	ACCIDENT WAS CONTRIBUTING TH (notify medicol		21 B horr etc.	PLACE OF INJURY (e.g., i.e., form, foctory, street,	in or obout 210 office bldg., INJ	URY OCCUR?	(If in Boltim	ore City, give	e exoct focotion)
S OF II	TIME (Month NJURY ROX.)	(Doy) (Yeor)		INJURY OCCURRED ile At Not When Not Work	ile	HOW DID INJ	URY OCCUR?		
) (this hospital aw the decease		he deceased from 2	2 19		19 <u>5 5</u> to nat in (my) (aur) a	plnion dear	19 6 9
	SIGNATURE	he causes stat	ed abave. (tending of	Med. Director	Staff Phys.	23B, DAT	9/69
23C.	PHYSICIAN'S NAME (Type)	Theodore	J. Gra	ziano M.D.		4 8 /34	brelve.	2121	2
REA	RIAL CREMATION MOVAL (Specify) rial	5/12/6		ame of cemetery or condens of Fait	REMATORY		Baltimore,	Md.	
25A. DA	MAY 12	1969 (1)		F REGISTRAR		eral director	uck, Inc. 1	Balto.	Md. 21214

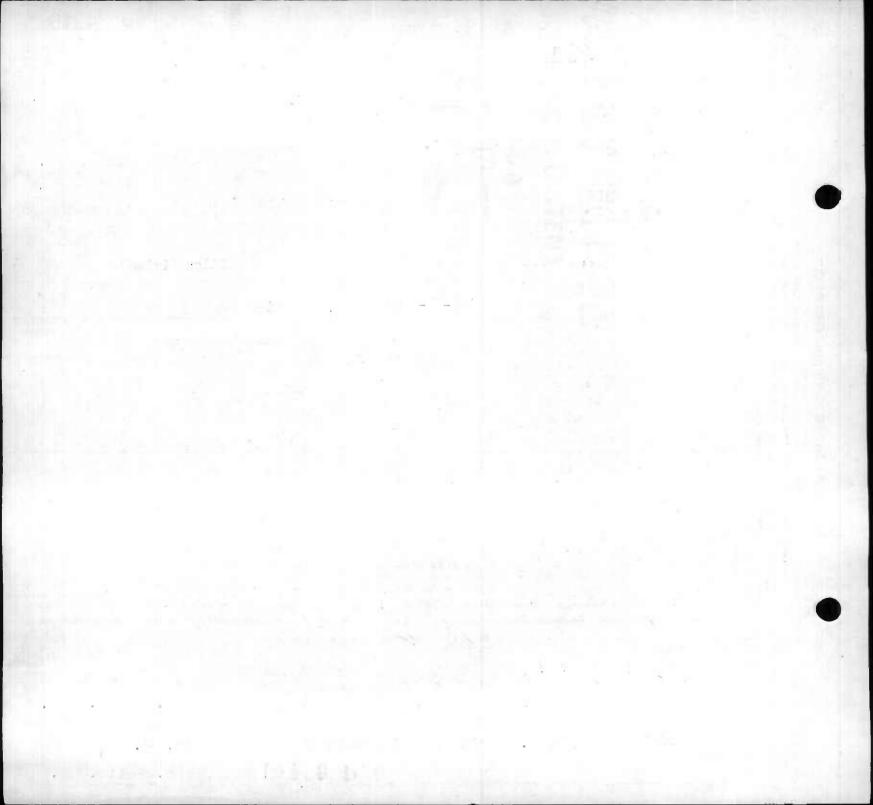


		69	4040	BALTIMORE CITY	HEALTH DEPARTMENT		
	RTH NO. Batto Co.	md- 1	4010 AUDA	CERTIFICA	TE OF DEATH	REG. NO	69 4818
	PAME OF DECEASED	BABY	GIRL	LANGI		-7-69	1 9 25° P.M
II .	PLACE IN BALTIMORE,				4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceosed lived. If ins	titution: residence before admission)
HEIN	STITUTION	NOT IN HOSPITAL DRESS OR LOCATIO			C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
	DNIVERS	174	HOPP.	or His	Baltimo	ne	YES NO NO
	38					Patril Road	apre. Atto
	SEX F 6. RACE	W W	IDOWED	DIVORCED	5 /5 /69	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
dor	N. USUAL OCCUPATION (ne during most of working life NONE	Give kind of work 108 , even if refired)	KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stale or to Baltim	reign country) Md •	12. CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME Alber	+ 5.	Lang	is	14. MOTHER'S MAIDEN NA	Dawn M	loyer
15. (Ye	Was Deceased Ever in Us, no of unknawn) (If yes, s	. S. Armed Forces? give war ar dotes of	service) 16.	social security no. None	Mr. Albert La	ngis	ADDRESS (SAME)
EDICAL CERTIFICATION	CTHIS does not mean heart failure, astherio, injury or complication ANTECED DISEASES OR CONITION TISE IN THE ADOVE UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A-DATE OF OPERATE 21A. ACCIDENT WAS L OR CONTRIBUTING CONTRI	elc, II means the which caused decient CAUSES DITIONS, if ony, cause (A) stational cause (B) stational cau	giving ling the BBUTING ERMINAL A). ON FOR WHICH Abome, felc.	(B) Cer DUE TO, OR AS (C) CH OPERATION CE OF INJURY (e.g., in orm, loctory, street, aff	20A. AUTOPSY? (Yes or N	(if In Baltimore	
ME	(APPROX.)		While A Work	Nol While			
	22. I certify that (I) (that (I) (we) lost sow				8° ρπ. 5/7 1989 and t		5 17 5/7 1968
					ew the body ofter death,		ion death accurred on the date
	23A. SIGNATURE		frie-	0-0	iding Med.		23B, DATE SIGNED 5/8/69.
	23C. PHYSICIAM'S NAME (Type)	S. A2	12	PEONEE	3D. ADDRESS	versity Hospi	
24/	REMOVAL (Specify)	24B. DATE		of CEMETERY OF CRE			, town, or countyl (Stotel
254	Burial	IUL'O	NAME OF R	PT 40 .	•	Baltimore Ruck, Inc. Ba	, Md. alto. Md. 21214
1	150-PEV 1/1/48		0.668	Tally Clare	DI Treamand of	www.g zno. De	



1	1				BALTIMORE CITY	HEALTH DEPARTMENT
K	-205		69	4819	CERTIFICA	TE OF DEATH
	and eath ased the Such	BIRTH NO.	sed Pridu			2, DATE
	- 0 0 - N	(Type or Print)	Bresberg	Kask		Ma
	hospital use of d (5) Dece lance or death.	3. PLACE IN BALTIA	ORE, MARYLAND, W	HERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (VA. STATE 8. CO
	hose use ; (5) danc	FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITUTION	, GIVE STREET	Md.
	to de de	INSTITUTION	ADDRESS ON LOCA	(IION)		C. CITY OR TOWN Baltimo:
	in garage	00	1822 Woo	dbourne	Ave.	E. STREET AND NUMBER
	occurred intribution prmined or regular or cased pri		RACE	7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH
	occur ontrib ermin regul eased is ma	Male	White	WIDOWED	DIVORCED _	April 29,1
	con leterin in re- eced	done during most of wor		108. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLA CE (State or
	or o		Carpenter			Estoni
E	÷ 0€ 3 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13. FATHER'S NAME	Siim Ka	sk		14. MOTHER'S MAIDEN N
IMPORTANT		15. Was Deceased Ev (Yes, no or unknown)	er in U. S, Armed For	s of service) 16.	SOCIAL SECURITY NO.	17. INFORMANT
ZT.	ssiste the kin dec ince	No		57	9-01-5829	Mrs. Helmd
ō	his as fany fany nced enda	18. / 8	XI	^	CAUSE OF DEATH	+ 1 -
Ž	- v o > + b		OR CONDITION DIF	RECTLY	a) V	undoto
			meon the mode of thenio, etc. It meons		(A) IMMEDIATE CAU	A CONSEQUENCE OF:
2	5000		colion which coused		A .	0 -
7	amir min A fra ho egul		TECEDENT CAUSES	2.	Corlere	othlewle
E	exceexal (3) A in re	rise to the	obove couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:
= N		UNDERLYING	CONDITION lost.		(c)	4-00-0
FUNERAL DIRECTOR:	chief medical ey a medical e Body burns; (3 the physician was in the remains	OTHER SIGNIFICA	II ANT CONDITIONS CO	NTRIBUTING	(a -1	1 1. And
NA NA	me me bu bu phy an	TO THE DEATH	BUT NOT RELATED TO THE	HE TERMINAL	yeu !	ason
<u>=</u>	chief gody the ysici	19.A. DATE OF O		DITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or
5		O 21A ACCIDENT	WAS LINDERLYING	1 218 81 40	CE OF INTURY (a.a. in	or about 21C WHERE DID
-	oved by the e hospital by nature; (2) ccept where nd (6) No phytained befor	OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING CAUSE OF	home, for	m, foctory, street, of	or obout 21C. WHERE DID
	d b)		Month) (Doy) (Year)		URY OCCURRED	21F. HOW DID
	e hosp y natur ccept v nd (6)	(APPROX.)		While At Work	Not While	
		22. I certify th	at (I) (this hospital) attended the de	ceased from	22
	B	7	st sow the deceose	-/-	6	19 6 4 ond
	bed ed ed or tat	23A SIGNATURE	ram the couses stot	ed obave. (I) ()) (did) (did flot) v	iew the body after deat
	released tracident of a hospitar to death	10016	21/1/1/1/	at the		nding Med.
	a h a h r to	23C. PHYSICIAN NAME (Type	sq VV · VVV	mage	OEGREE Phys	Director L
	was relawas re	NAME (Type	" Donald	W. Mintz	er M.D.	3009 Ev
	Y X X	24A. BURIAL CREMA	ATION, 248. DATE	24C. NAME	of CEMETERY of CRE	MATORY 24D
	F 40 0 0 0	Burial (Spe	5/10/6	69. Garden	ns of Faith	Cemetery
	the bod shows: (was D.C decease	25A. DATE REC'D. BY		258 NAME OF RE		25C. FUNERAL DIRECT
	ドキャッション	MA	1 12 1969	UTELLED E	A JENOCH P	Leobard J

		0.0	101		HEALTH DEPARTA			69 4819	
BIRT	TH NO.	69	481	9 CERTIFICA	TE OF DEA	ATH REG	6. NO	00 4010	
1. N	AME OF DEC	EASED Pridu	Kas	k	2. 1	May 8, 19	F DEATH	16'00 A m	
3. F	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDEN	B. COUNTY	lived. If inst	itution: residence before admission)	
HO	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Md.		D. INSID	27-58 E CITY LIMITS?	
	00	1822 Woo	dhourn	0 110	Balti		1	YES 🔀 NO 🗌	
		T055 M00	abourn	e was	E. STREET AND NU		Wood	bourne Ave .	
S. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In)	(If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.	
	Male	White	WIDOWED [9,1886.	83		
		UPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
R	etired	Carpenter			Esto	USA			
13. (FATHER'S NA				14. MOTHER'S MAI				
		Siim Ka	sk			Lii	su Kiv	inok	
		Ever in U. S. Armed Fore		1 6. SOCIAL	17. INFORMANT			ADDRESS	
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		579-01-5829	Mrs. Hel	md Kask		(Same)	
	18.	X I	NECT V	CAUSE OF DEAT	- to	- 1.00	-1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITION DIR LEADING TO DEATH	RECILY	(A) IMMEDIATE CAL	MNOW	5 e roxu	wet		
		not meon the mode of osthenio, etc. It meons		DUE 10, OF A	A TONSEQUENCE OF	-			
		nplication which coused		OA.	0 =		0		
		ANTECEDENT CAUSES		2 Chrillie	o Feler	lee Can	der 5	usava	
		OR CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE O	F:		0	
10		e to the obove couse (A) stoling the NDERLYING CONDITION lost.				cesting	Hau	Levi	
z	OTHER SIGNIE	11	MITOIRIUTINIC		1 c.A.	0	0		
ATIO	TO THE DEAT	FICANT CONDITIONS COI TH BUT NOT RELATED TO TH CONDITION GIVEN IN PAR	HE TERMINAL	you	asle	MARKE	MZ		
4.5			DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GAUSES OF DEATH?				
AL C	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, of	n or obout 21 C. WHER	RE DID (IF	In Boltimore	City, give exact location)	
	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW	DID INJURY OCCUI	R?		
2	(APPROX.)		Whi	le At Not While	e	7	3		
	22. I certify	that (I) (this hospital			001	1908 10	1/4	1969	
	that (1) (w/e)	lost sow the deceose	d alive on.	5/6	1969	ond that in (my)	(opt) opini	on death occurred on the dote	
		d fram the couses stot	ed obave. (I) (Me) (did) (did not) v	iew the body after	r death.			
	23A. SIGNATU	60d M. M.	11 th		ending Med.	Staff Staff		238. DATE SIGNED	
	23C. PHYSICIA	in's	M Ly	OEGREE Phy	23D. ADDRESS	tor L Phys. L		0/0/0/	
	NAME (T		W. Min	tzer M.D.	3009	Evergreen	Ave.	Balto. Md .	
24A	BURIAL CRE	MATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	EMATORY	24D. LOCATION	(City,	, town, or county) (Stote)	
	Burial		59. Gar	dens of Faith	Cemetery	Baltir	more, M	d.	
25A	. DATE REC'D	TAY 12 1969	258 NAME O	REGISTRAR COLOUR	2sc. FUNERAL C	DIRECTOR		Balto. Md.	
VS .	150-REV. 1/1/	68							



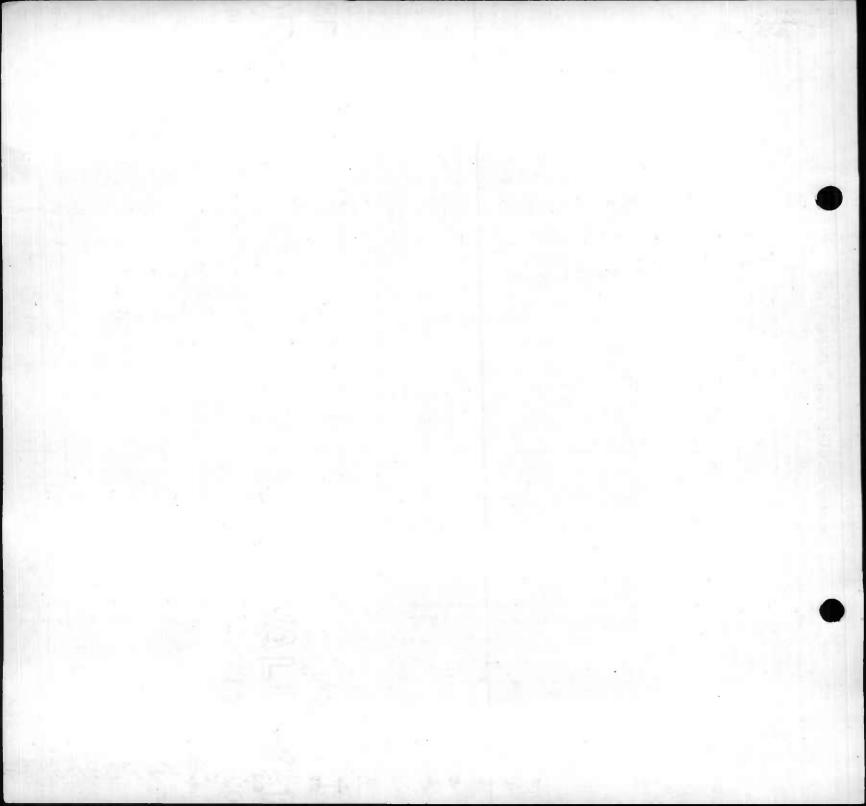
69 4820 BALTIMORE CITY HEALTH DEPARTMENT

69 4820

		MEI	DICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	()0	402	
	TH NO.	TEACED			II. Dass	10-7				C	
(Ту	NAME OF DEC	JUNE		ETE OVERMAN	2. DATE OF DEATH	Known 🔼 Estimated 🗆	May May	8, 1969	Yeor	Hour	М.
-11		TIMORE, MARYLAND,	1.		3. DATE	UNCED DEAD	Month	Day	Year	Hour	
HO	L NAME OF SPITAL	(IF NOT IN HOSPI	TAL OR INSTITUT CATION)	ION, GIVE STREET	PRONO	UNCED DEAD	May	8, 1969		1:08	A.M.
OR	INSTITUTION					ESIDENCE (Where	deceased liv	ed. If institution:	residence l		
		timore City			U.	Maryland		B. COUNTY 3/10.CO		53	-00
	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
	emale	White	WIDOWED		II .	Baltimore		YES	X	NO 🗌	_ 44
	3-20-192		(In years If L oy) Moi	Inder 1 Yr. If Under 24 Hrs. oths, Doys, Hours, Min.	E. STREET	2632 N. P	oint R	ou loward			
11.	BIRTHPI ACE (S	State or foreign cauntry)		CITIZEN OF	13. FATHER		OTHE DO	dievalu			
	Maryl			WHAT COUNTRY?		s Webb					
144				BUSINESS OR INDUSTRY			MF				
	e during mast of v	working life, even if retired) _	aurant	I TO MOTILE	unknown	VIL.				
1.	Waitres				10 11500			4.0	DRESS		
(Y e	s, na or unknawn	ED EVER IN U.S. ARMI (if yes, give war or date	s of service)	213-34-0431	Charl	es E. Ove	rman,J			Point	Blvd
	19.	14.7		CAUSE OF DEA	TH					PROXIMATE IN	
	DICEAC	C on Colibiration Din	ECTIV	Fracture	of 1st	cervical	vertel	ora with	BEIW	EEN ONSEL A	NO DEATH
		E OR CONDITION DIR LEADING TO DEATH	ECILY			ansection					
	(This does n	at mean the made of	lying, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:					
	injury or cor	e, asthenia, etc. It means t Implication which coused d	ne disease, eoth.)								
						-4					
		NTECEDENT CAUSES	IV CIVING	(B)	AS A CONSE	OUENCE OF					
	RISE TO TH	OR CONDITIONS, IF AN	ATING THE	DOE 10, OK	AS A CONSE	GOLINCE OI.					
Z	UNDERLYIN	NG CONDITION LAST.		(c)							
CERTIFICATION		II									
V		NIFICANT CONDITIONS (ATH BUT NOT RELATED T									
E	DISEASE OF	CONDITION GIVEN IN	PART 1 (A)	***************************************							
黑	20A. DATE O	F OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes	ir Na)
10	21									Yes	
U ŏ		NAL CAUSE WAS	22B	PLACE OF INJURY (e.g., e, farm, factory, street, affic	in or obaut :	22C. WHERE DID	(if in Baltimar	Point Be	lacation)	ard 5	3-00
8	UTING CA	USE OF DEATH.		street /		Rt. 151-30	S. of	Norris	Lane	ild J.	
Σ				22E.INJURY OCCURRED	0):	2F. HOW DID IN	JURY OCCL	JR?			
	(APPROX.)	5-8-69 1	2:49 A	WHILE AT NOT	WHILE X	Pedestria	an stru	ick by a	ito		
	23.										
	l cert	rify that I held an	Inquiry	Inspection Au	tapsy X	and that an t	his basis,	death in my a	pinion		
	resul	ted from: Natural ca	uses	Accident X Suicio	le H	omicide 🗌	Undetermin	ed monner			
		O n	00-	1		CHIEF MEDICAL I					
	ACTUAL		XI,	Lat	Δςς	STANT MEDICAL I		$\overline{\mathbf{x}}$		DATE SIG	NED
	SIGNAT		0 0 0	M.D.).				0 .	000	
	EXAMIN NAME (1		S. Spri	ingate, M.D.	A550	OCIATE MEDICAL E	XAMINEK	□ May	7 8, 1	1969	
	A. BURIAL CRE	MATION, 24B. DATE	2	C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, tawn,	ar county) (Sta	te)
RE	MOVAL (Speci		1969	Roltimano No	tional	Compton	Rolt-	imore M	arvla	nd	
25	Burial			Baltimore Na		FUNERAL DIRECT		imore, M	DRESS	110	
25.	A. DATE KEC'D	BY HEALTH DEPT.	ZJB. NAM	E OF REGISTRAR	a 73						
	1160	TH 1000	W. Se.	6,400,	Wi	a. Cook-Br	ooks T	owson 10	50 Yo	rk Rd.	2120
-	151-REV. 1/1/6E		V ()	2000	0 4	0 1	7				

Regulation and Automotive Control W.S.M. Janes V. Stand Makin usin uplemen habitaes sullin emparti The state of the control of the cont == 2-15 | History Notice | Enter the market of the control of the

	CO 4094	BALTIMORE CITY	HEALTH DEPARTMENT		00 4008
	69 4821.	CERTIFICA	TE OF DEATH	REG. NO	69 4821
	NAME OF DECEASED EMILS	TUD2	2. DATE AND	V2,196	9 1 M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICEO OEAO	4. USUAL RESIDENCE (Where		stitution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		Md. 6-02		
10	NSTITUTION		BAITIMOR		YES NO NO
P	Church Home Hos	PITAL	146 N. LUZ	ZERNE	Ave
Ch	SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF E	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	ope during most of working life, even if retired) 185 6164 + 68		MARYIAN	y d	
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE ()	
	CARI STUDZ		BERTHA	KYBIC	KA
1	5. Was Deceased Ever in U. S. Armed Forces? (es, no ar unknown) (If yes, give war or dates of service)	6. SOCIAL	17. INFORMANT		ADDRESS
	No	SECURITY NO.	MARIE STUD	Z 146N.	LUZERNEAU
	18. 4 10.01	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Acuto 1	CORONARY O	eo Las	2
	LEADING TO DEATH	, ,	SE A CONSEQUENCE OF:		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which coused death.)	2	S. H. S.		
	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost,	(c)			
	ALL STREET, ST	(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Hypert	Eusive calti	o voce. à	73.
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINOINGS CONSIDERED USES OF DEATH?
1	U 21A. ACCIDENT WAS UNDERLYING T 21B. P	LACE OF INJURY (e.g., i	n or about 21 C. WHERE OIO	(II In Boltimor	e City, give exoct location)
	OR CONTRIBUTING CAUSE OF home, etc.)	form, foctory, street, of	fice bldg., INJURY OCCUR?		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. I	NJURY OCCURRED	21F. HOW DIO INJU	JRY OCCUR?	
	(APPROX.) While				
				. 14	Py 2 1969
l	22. I certify that (1) (this haspital) attended the	LARCE 1	1960	to o	
	that (I) (we) last saw the deceased alive an		and the	it in (my) (our) opi	nion deoth occurred on the date
	and hour ond from the causes stated abave. (1)	(We) (did) (did nat) v	iew the bady after death.		
	234. SIGNATURE		/ '	c. " —	23B, DATE SIGNED
	HAT am of 3	DE GREE Phys		Staff Phys.	5/576-9
	23C.PHTSICIAN'S NAME (Type)		23D. ADDRESS		///
	4A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE ME of CEMETERY of CRE	MATORY 245 LC	OCATION (Ci	ity, town, or county) (State)
1	REMOVAL (Specify)	/ D	1	/	iy, town, or coomy, (stote)
	BURIAL 0-6-69 HOX	-Y MOSPRY	C-E-H. 12/	2/T/ WO	RE Ma.
1	SA. OATE REC'O BY HEALTH DEPT. 2SB. NAME OF	REGISTRAR	2SC. FUNERAL DIRECTOR		AODRESS
	MAY 12 1969 12 Data	· Ounces	OB DABBON	U SK1281	ISE. BATTO. St
L	S 150-REV. 1/1/68	7 4 0	9 9 9 1 0		



on the death Deceased a hospital death. of attendance etermined cause; (5) cause 0 = prior contributing occurred regular is made deceased isposition death 0 (4) Und Was the leath 0 b final attendance any pronounced Also, regular atter fracture ho

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(2) Body

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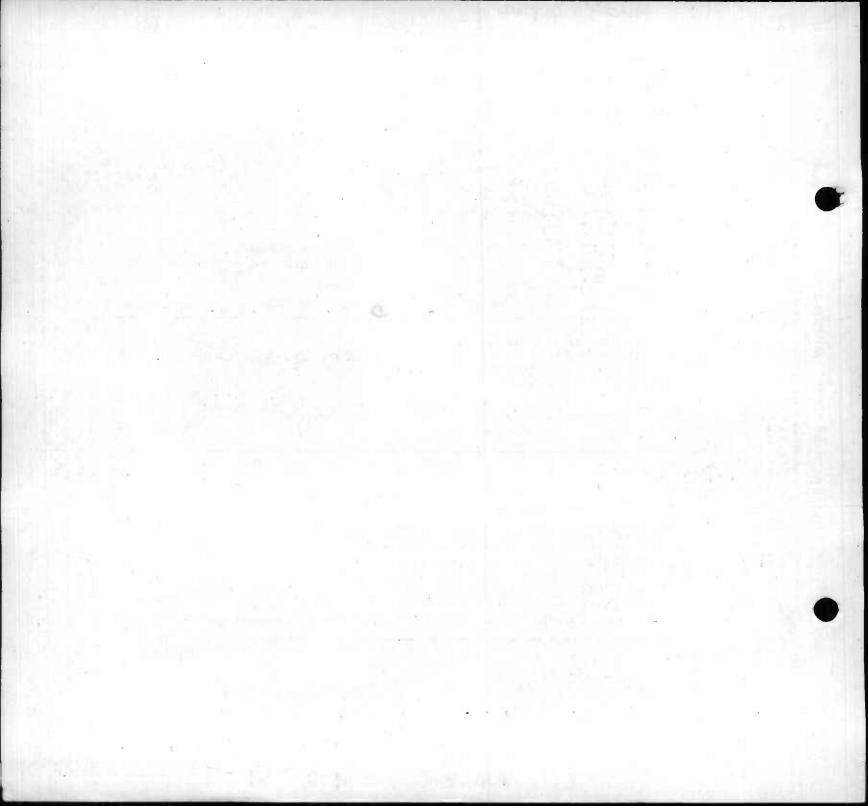
shows: (1)

the chief medical

where the physician

eath); and (6) No physician was

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) .30 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD C. CITY OR TOWN (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR D. INSIDE CITY LIMITS? YES : NO E. STREET AND NUMBER 000 9. AGE (In years 5. SEX B. DATE OF BIRTH Il Under 24 Hrs. 6. RACE · MARRIED NEVER MARRIED Months Doys Hours lost birthdoy) W 03-24-91 WIDOWED V DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) USA Housewife Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theresa Brightfull James Keefer 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs.Catherine V.Wood-4000 Falls No CAUSE OF DEATH 1B. 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE AL UTC (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart loilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.) as a consequence of ANTECEDENT CAUSES obtained before the remains are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) 21E. INJURY OCCURRED Not While While At (APPROX.) Work At Work 22. I certify that 🔎 (this haspital) attended the deceased from ond that in (my) (our) opinion death occurred on the date that (1) (we) last sow the deceased olive on pe and hour and from the couses stated obove. (1) (We) (did) (did net) view the body ofter deoth. must 23 B. DATE SIGNED Attending Med. Phys. Director written approvat 23D. ADDRESS C. PHYSICIARY'S NAME (Type) Paul J. Edgar, M.D. 6000 24A. BURIAL CREMATION. 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specify Park Baltimore Lorraine Cemetery 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Roland Ave.



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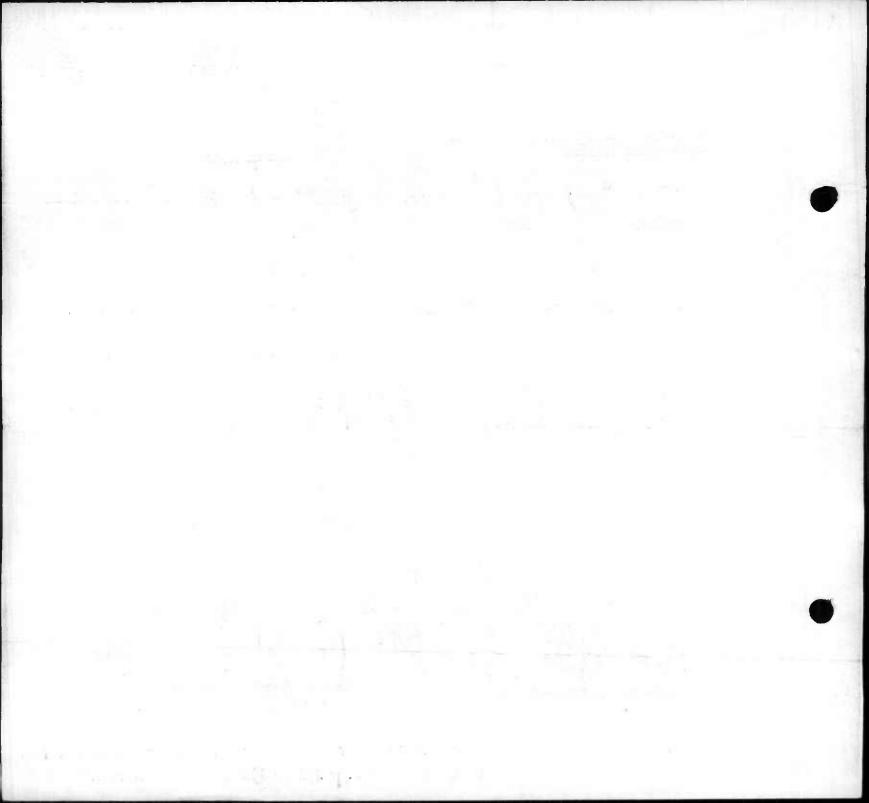
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0.0		BALTIMORE CITY HEALTH DEPARTMEN
69	4823	CERTIFICATE OF DEAT

ALTIMORE CITT HEA			0.0
ERTIFICATE	OF	DEATH	REG. No. 69

REG.	No. CQ	4823
	700	1020

INAME OF DECE	ASED		CERTIFICA	VIL OI					
(Type or Print)	Louis Adam				M	ND HOUR OF DEAT By 7, 1969		2:40	PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			A. STATE B. COUNTY Md. Hdr ord D. INSIDE CITY LIMITS?					lmission)	
3100 Wym	c Health Serv an Parkway	rice Ho	spital	Jop E. STREET AI 230	ND NUMBER	Ly Drive	YES 🗌	№ 🗌	
M	6. RACE W	WIDOWED		5/31	/25	9. AGE (In years last birthday)	If Under 1 Months D	Yr. II Under	24 Hrs. Min.
done during most of w Retir	niving site, even it telited) 1	USN	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or for Md.	eign country)		SA	OUNTRY
	m Novak				Maiden NA	ME			
15. Was Deceased (Yes, na of unknown) Yes	Ever in U. S. Armed Fare (If yes, give war or dates USN 1942-	of service)	16. SOCIAL SECURITY NO. 216-16-2033	Reco:		PHS Hospita		DDRESS O, Md.	
(This does no heart failure, a	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenio, etc. It means the disease, injury or complication which caused death.)				nchopneu ce of:	monia	BET	APPROXIMATE INT WEEN ONSET AN BYS	
rise to the UNDERLYING	CONDITIONS, if o obove couse (A) CONDITION lost. II CANT CONDITIONS CON BUT NOT RELATED TO THI NOT RELATED TO THI NOTION GIVEN IN PART	TRIBUTING	(C)	A CONSEQUE!	NCE OF:				
19A-DATE OF C	OPERATION 198 COND WAS PERFO	ITION FOR Y	VHICH OPERATION	20A. AUTO	PSY? (Yes or N	208. IF YES, WERE IN CERTIFYING C	AUSES OF DEA	ONSIDERED ATH?	
OF CONTRIBILIT	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or contributing Cause Of DEATH (notify medical examined)				WHERE DID RY OCCUR?		ore City, give e	xact location)	
(APPROX.)	Month) (Day) (Year)	Whi		0	HOW DID IN	URY OCCUR?			
that (1) (we) 1	ost saw the deceased	alive on		19 6	9 ond th	19 <u>69</u> to ot !n(my) (aur) op	May 7 Inlon deoth o	196 occurred on th	
23A. SIGNATURI	me Suth	d abave. ()	GEGREE Phys.	lew the body	ofter deoth. Med. Director	Shaff X	238. DATE S 5/8/	IGNED	
23C-PHYSICIAN NAME (Typ John 24A- BURIAL CREM REMOVAL (Sp.	C. Sutherlan	,	GEGREE ME of CEMETERY OF CRE	US F		ital, Balto	, Md.	2) (ytnuc	Stote)
Burial 25A. DATE REC'D B	May 10		lair Mem Ga	rdens	Be BAL DIRECTOR	lair. Har	ford C	ounty.	Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispositian is made.

69 4994	Y HEALTH DEPARTMENT	0 4004				
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO	9 4824				
NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
ECKENRODE, HARRY FRANCIS	MAY 9, 1069	10:40A N				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY	titution: residence before admission				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BANTIMOR	DE CITY LIMITS?				
40 ST. AGNES HOSPITAL	PIKESVILLE E. STREET AND NUMBER 107 SHERWOOD AVE. 212	ves				
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years					
MALE WHITE WIDOWED DIVORCED	11-10-94 last birthdoy! 74	Months Doys Hours Min.				
OA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTR				
RETIRED INSPECTOR RAILROAD	MARYLAND	U.S.A.				
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
JOHN ECKENRODE	ANNE (NEE NOEL)ECKENRODE	min or min				
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS				
NONE none 717-07-743	3 ST. AGNES HOSPITAL RE	CODDC				
18. 44 99 X I CAUSE OF DEA	H AGNES HOSPITAL RE	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE 10, OR AS A CONSEQUENCE OF:						
injury ar camplication which caused death.)						
ANTECEDENT CAUSES (B) Utal MINERAL IN AND						
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. DUE TO, OR AS A CONSEQUENCE OF: (C) MANAGEMENT CLYM.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, of the contribution of	in or about 21C, WHERE DID (If In Boltimore ffice bidg, INJURY OCCUR?	City, give exect location)				
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Not White At Work	l• 🗆					
22. I certify that (1) (this hospital) attended the deceased from MAY 3 19 69 to MAY 9 19 69						
that (1) (we) lost sow the deceased alive on MAY 9 19 69 and that in (my) (our) opinion death occurred on the date						
ond hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.						
23A. SIGNATURE		23B, DATE SIGNED				
george Hangor - Degree Phy	ending Med. Staff Phys. Director Phys.	5-9-69				
23C. PHYSICIANS NAME (Type) GFORGE AMGOL	BALTIMORE, MD	21229				
AA. BURIAL CREMATION, 248. DATE 270 NAME of CEMETERY OF CR	ST. AGNES HOSP: CATON &	toward county) (State)				
Durial May 12.1969 Mayers Ay	Les Cemes Vikerie	We autio. In				
MAY 12 1969 258, NAME OF REGISTRAR	25C. FUNERAL DIFECTOR	Phas A COM				
S 150-REV. 1/1/68	(C) -1	The state of the s				

A Section Fig. 15 St. Migester A. T. 15 St. St. St. St. Dugotte Fig. 1 This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE	CITY	HEALTH	DEPA	DTAMENIT
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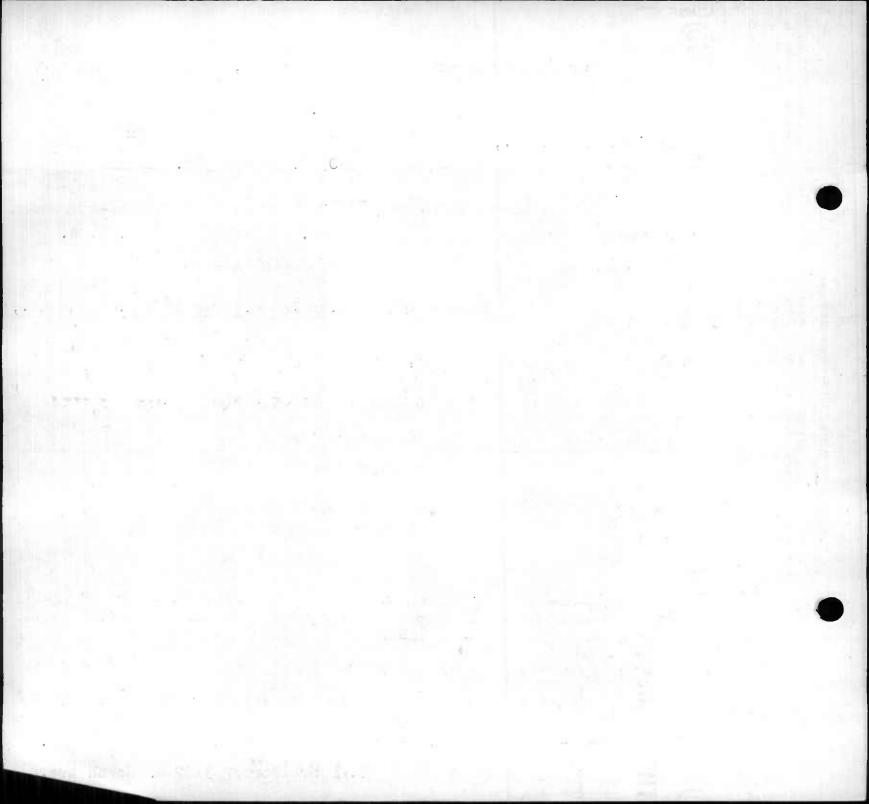
CO KOOL

reg. No. 69	4825
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	TH NO.	FACED			- 02:(1:		E OF DE	DATE AN	D HOUR OF D	EATH		
	pe or Print)		hmi et o	nhan	Nonen				7, 1969			11/30
Christopher Narer 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					. USUAL RESIDE	May NCE (Whe	re deceased live		lution: resid	ence before adm		
FU	LL NAME OF OSPITAL OR STITUTION	(IF NOT		OR INSTITU	UTION, GIVE STRI		Md.	B. COUN		INSIDE	15-	06
IN		7 N. H	ilton	St.,			Baltimo	re			ES 🔀	NO 🗌
1	10						17 0 7 N		Iton Si	t.		
5. 5	SEX	6. RACE	7.	MARRIED	NEVER MARR	RIED B	DATE OF BIRTH		9. AGE (In year	s I	If Under 1	Yr. If Under 2
10A			kind of work 10	WIDOWED	=	CED 🗍	-24-188		lost birthdoy) 82 ign country)			OF WHAT COL
T	avern		n if retired)		5.5 7 15		Md.				U.	S. A.
13.	FATHER'S NA	orge N	arer			ľ	Marg		ME Hessne:	r		
15. (Ye	Wos Deceases, no or unknows	Ever in U. S. (If yes, give	Armed Forces war or dates o	of service)	16. SOCIAL SECURITY NO	0.	Mrs.Beu	lah 1	7. Narer	170		DDRESS
		osthenia, etc nplicolian whi	. Il means th		DUETO	DIATE CAUSI D, OR AS A	CONSEQUENCE C					3 DAY
NO	DISEASES TISE TO THE UNDERLYIN	osthenia, etc nplicolian whi ANTECEDENT OR CONDITION e above co G CONDITION II	. II means the chicoused defined to the course of the cour	e disease, eath.) 7, giving aling the	(8) G	EKEL O, OR AS A		ULMA OF:	THKO	MBOS	7/3	4 WKS
RTIFICATION	DISEASES use to the UNDERLYIN OTHER SIGNITO THE DEADISEASE OR (osthenia, etc nplicolian whi ANTECEDENT OR CONDITIO e above co G CONDITIO FICANT CONDITIO TH 8UT NOT RE CONDITION GIV	. II means the chicoused defined to the course of the cour	e disease, eath.) 7, giving aling the RIBUTING TERMINAL (A).	(8) G	EKEL D, OR AS A PKTEK NON	RO - VASC CONSEQUENCE	ULMK OF:	THKO			4 WKS
ATI	DISEASES nise la li UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O OR CONTRIB	osthenia, etc nplicolian whi ANTECEDENT OR CONDITIO e above co G CONDITIO FICANT CONDITIO TH 8UT NOT RE CONDITION GIV	Il means the chicoused de CAUSES ONS, il any buse (A) standard to the chicoused to the chic	e disease, ath.) 7, giving aling the RIBUTING TERMINAL (A). TON FOR VIMED	(8) DUE TO (C) WHICH OPERATIO	O, OR AS A EKEL O, OR AS A PKTEK NON	CONSEQUENCE CONSEQUENCE CONSEQ	OF: OS IS (Yes or No	20B. IF YES, Y	WERE FIN	DINGS CO	4 WKS
AL CERTIFICATI	DISEASES nise la li UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O OR CONTRIB	osthenia, etc nplicolian whi ANTECEDENT OR CONDITIO e above co G CONDITIO II FICANT CONDI ETCANT CONDI ON E OPERATION ON E NT WAS UND UTING CAU medicol exom	Il means the chicoused de CAUSES ONS, il any buse (A) standard to the chicoused to the chic	e disease, ath.) 7, giving aling the RIBUTING TERMINAL (A). 10N FOR MED 218. hom etc.)	(8) DUE TO (8) DUE TO (C)	O, OR AS A EKEL O, OR AS A PKTEK NON ON RY (e.g., in street, office	CONSEQUENCE CONSEQUENCE CONSEQ	OF: OLANK OF: OS /S (Yes or No	20B. IF YES, Y	WERE FIN	DINGS CO	Y WKS?
CAL CERTIFICATI	DISEASES nise la li UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O OR CONTRIB DEATH (notif 21 D. TIME OF INJURY (APPROX.) 22. certify that (1) (we	osthenia, etc mplicolian whi ANTECEDENT OR CONDITION E above co G CONDITION FICANT CONDITION FICANT CONDITION ON E OPERATION (Month) (Do That (I) (this I last saw the d fram the co URE	Il means the chicoused defices the course of	e diseose, ath.) /, giving aling the grant of the grant	(8) DUE TO (8) DUE TO (C)	PREEDON OR AS A PREED Not White At Work of the At W	PO - VASC CONSEQUENCE 10 S L E R 20A. AUTOPSY? NO 21F. HOV 19 6 9 w the bady aft	OF: OLMA OF: OS IS OYes or No ERE DID DCCUR? V DID INJ and the death.	THEO 20B. IF YES, VIN CERTIFYIN (If In B URY OCCUR? 19 & 9 ta	were fin G CAUSE oltimore C	DINGS COES OF DEA	PONSIDERED ATH?
MEDICAL CERTIFICATI	DISEASES iise la Ih UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR C 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and haur an 23A. SIGNATI 23C. PHYSICIA NAME (I)	osthenia, etc nplicolian whi ANTECEDENT OR CONDITIO E above co G CONDITIO FICANT CONDITIO FICANT CONDITIO FICANT CONDITIO OF CONDITION GIVE OPERATION (Month) (Do that (I) (this last saw the d fram the co JEE LEON A MATION, 1248	Il means the chicoused defices the course of	e diseose, ath.) /, giving aling the given th	WHICH OPERATIO PLACE OF INJUING, form, foctory, injury occur it is a factor of the deceased from the	ON OR AS A FRED ON RY (e.g., in street, office of the control o	PO - UASC CONSEQUENCE IO S LEK 20A. AUTOPSY? NO 21F. HOV 21F. HOV 19 69 w the bady aft ing Med Dire D. ADDRESS 5907	OF: OSIS OYES OF NO OYES OF	THEO 20B. IF YES, YES IN CERTIFYIN (If In B URY OCCUR? 19 69 ta	WERE FIN. G CAUSE Oltimore C	DINGS COES OF DEA	PONSIDERED ATH? 20 DECCURRED ATH? 19 Concourred on the signed Property of the signed Prop
MEDICAL CERTIFICATI	DISEASES nise la li UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O OR CONTRIB DEATH (notif 21 D. TIME OF INJURY (APPROX.) 22. certify that (1) (we and haur an 23A. SIGNATI NAME (osthenia, etc nplicolian whi ANTECEDENT OR CONDITIO E above co G CONDITIO FICANT CONDITIO FICANT CONDITIO OF ECONDITION GIVE OF OPERATION (Month) (Do that (I) (this last saw the d from the co JRE (N'S Type) LEON AMATION, 248 Specify)	Il means the check of coused de CAUSES ONS, il any puse (A) standard to the VEN IN PART I 198. CONDITIONS CONTINUES CONDITIONS CONDINS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITI	e disease, adh.) 7, giving aling the RIBUTING TERMINAL (A). 100 FOR WED 218. hom etc.) Hour) 21E. Whi World wittended the alive an abave. (1	WHICH OPERATIO PLACE OF INJURY OCCUR ile At	ON OR AS A EKEL OON ON ON ON ON ON ON ON ON	PO - UASC CONSEQUENCE IO S LEK 20A. AUTOPSY? NO Dr obout 21C. WH e bldg., INJURY 6 21F. HOV 21F. HOV 19 69 w the bady aft ling — Med Dire D. ADDRESS 5907 ATORY	OF: ULMA OF: OS IS (Yes or No OCCUR? W DID INJ and the or death.	THEO 20B. IF YES, VIN CERTIFYIN (If In B URY OCCUR? 19 & 9 ta at in (my) (were fin G CAUSE oltimore C	DIDINGS COES OF DEA	PONSIDERED ATH? 20 DECCURRED ATH? 19 Concourred on the signed Property of the signed Prop

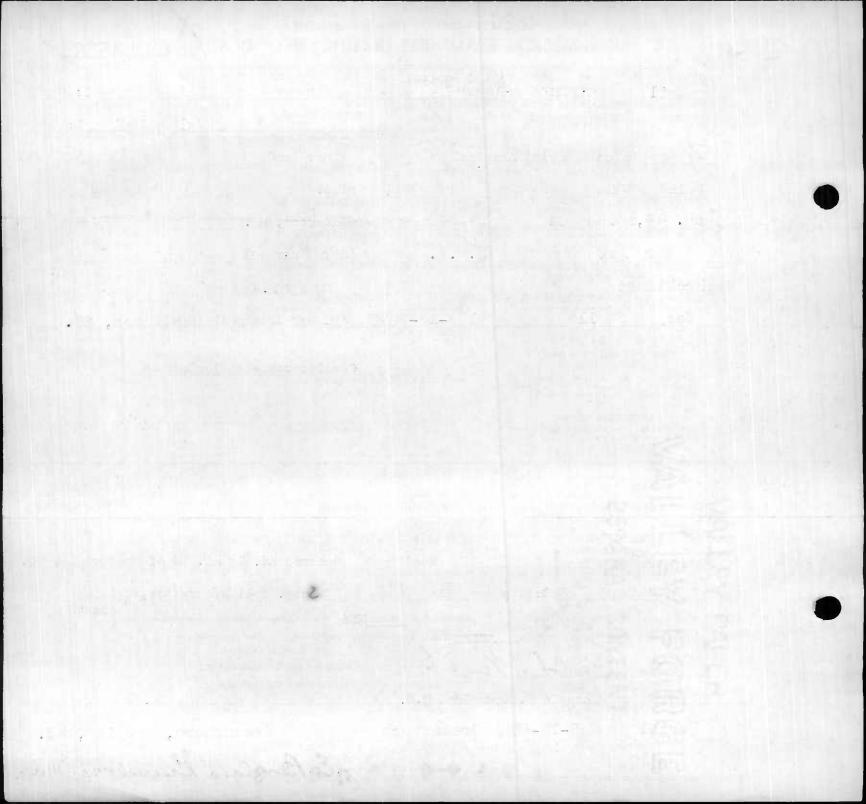
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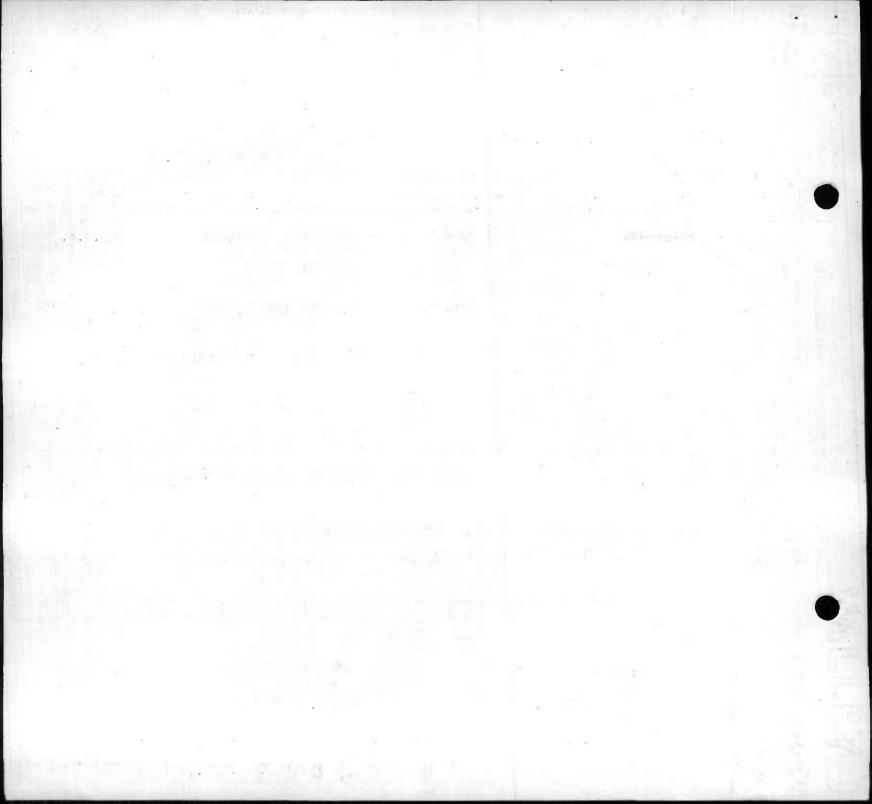


1	69 4826 BALTIMORE CITY HEALTH DEPARTMENT	
K-254	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	4826
	1. NAME OF DECEASED (Type or Print) Emil FREDERICK RUSMONI DEAD 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET) PRONOUNCED DEAD	Year Haur 69 2:40 p M. Year Haur 969 2:40 pm. esidepce before admission)
	Union Memorial Hospital 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY	C1 55-00
	Male White WIDOWED DIVORCED Balto. YES 9. DATE OF BIRTH Feb. 13,1916 53 If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min. 11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHALCOUNTRY? WHALCOUNTRY?	□ № □
	Maryland 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of warking life, even if retired) Machinest Rose Milke 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no gr unknown) ((If yes, give wor or doles of service)	RESS
	Yes WW 11 182-18-7672 Walter Kusmaul Hender; Cause of Death	SON MA. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. AUTOPSY? (Yes ar Na) YES
	22A EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UNDERLYING FOR CONTRIB- UNDERLYING CAUSE OF DEATH. 22B PLACE OF INJURY (e.g., in ar obout home, form, foctory, street, office bldg., etc.) 22D TIME (Month) (Doy) (Yeor) (Hour) 22E INJURY OCCUR? Road Beetree Rd. 2½ mi. NW of OF INJURY (APPROX.) 4 5 69 3:15 pm. WORK WORK AT WORK Subj. fell of tractor,	Henderson , MD
	I certify that I held on Inquiry Inspection AutopsXXX and that on this basis, death in my op resulted from: Natural couses Accident XX Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornhlum M. D. AutopsXXX and that on this basis, death in my op resulted from: Natural CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SASSOCIATE SASS	
	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5-10-69 Greensboro Greensboro, Car	or county) (State)
	MAI 12 30 (Value & Archer Value (Page) of and	· Man ma

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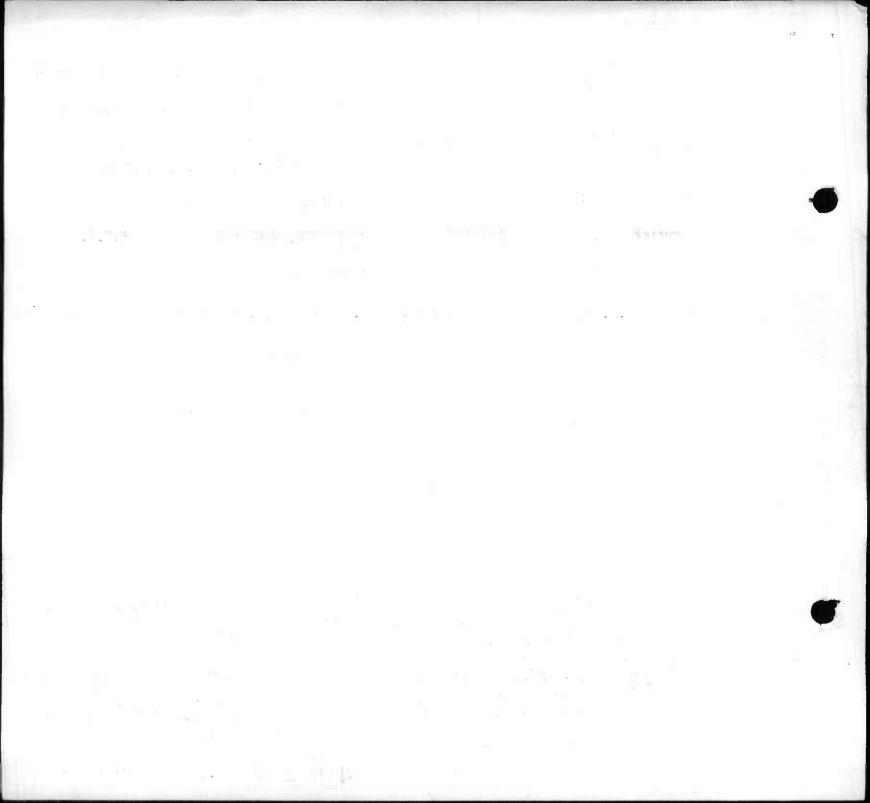


1	17 6 18.37	HEALTH DEPARTMENT 69 4827		
	RTH NO. CERTIFICA	CATE OF DEATH		
(Тур	NAME OF DECEASED ANNA C. MÖRRIS	2. DATE AND HOUR OF DEATH MAY 7, 1969 7 A. M		
3. 1		4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
HC	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION	Maryland 27-30 c. CITY OR TOWN D. INSIDE CITY LIMITS?		
3	3300 CLARKS LANE, APT. 1 B	BALTIMORE YES NO NO		
1	00	E. STREET AND NUMBER 3300 CLARKS LANE, APT. 1 B		
	FEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years tast birthday) 75 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1 ne during most of working lite, even if retired)			
2	HOUSEWIFE AT HOME	BALTIMORE, MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME		
٥.	MORRIS CARP	RACHAEL ?		
S.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS		
Tes	s, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 215-22-3079	MRS. ETTA ABRAMS. 3300 CLARKS LANE #21215		
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Mellitus, Remote Mugacord, 9 m. [20A. AUTOPSY? (Yes or No)] 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, offi etc.)	or obout 21 C. WHERE DID (If In Boltimare City, give exact location) injury OC CUR?		
MEDIC	21 D. TIME (Manth) (Doy) (Year) (Haur) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work			
	22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an. 5 6 and haur and fram the causes stated above. (I) (We) (did) (did hat) vi	19 6 9 and that In(my) (por) apinion death accurred an the date		
	23A. SIGNATURE	238, DATE SIGNED		
	Laur Muy Mrs. DEGREE Phys.	ding Med. Shaff Director Phys. 5 77/65		
	NAME (Type) LOUIS V. BLUM	35.02 W. ROGERS AVENUE		
244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREM			
	BURIAL 5-9-69 HEBREW FRIENDSHI	P BALTIMORE, MARYLAND		
2S A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR DO 00 056 9 000 05	SAL SEVINSON & BROS., 6010 REISTERSTOWN ROA		
'S	150-REV, 1/1/68			



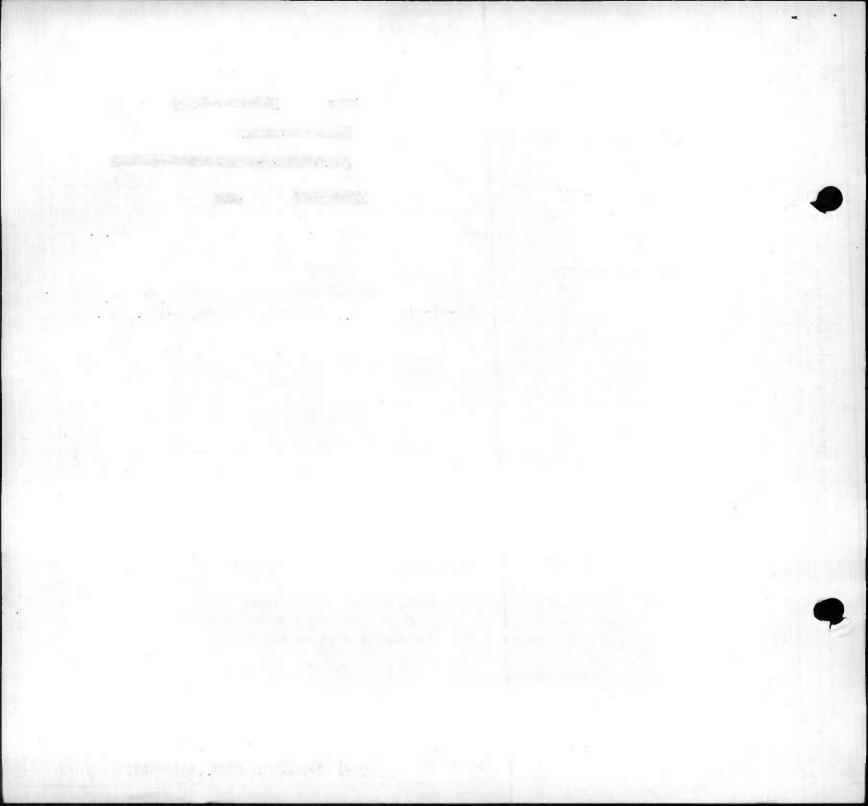
	hed the
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	iner. ractu pro pro jular
ECT	xam xam xb who reg
2	lical cal e ns; (3 ician as in
RAL	medi bur phys
N	chief Body the ysici
F	the al by: (2) : (2) o ph
	d by ture ture t wh to Mo No No No No No No No No No No No No No
C	xcep xcep and (btair
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	ased dent ospit deat
	accident to har to
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
	body vs: (1 D.O.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-150 69 4828 BALTIMORE CIT	Y HEALTH DEPARTMENT 69 4828
CERTIFICA	ATE OF DEATH REG. NO.
I. NAME OF DECEASED	
(Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whee deceased lived. If institution: residence before admission) B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland, Practime 27-9.
Sinai Hosp. of But	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	- 25-41-171 0000
MALE WIDOWED DIVORCED	MAY 22 1897 last birthdoy) Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
CUTTER CLOTHING	BALTIMORE, MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAVID ROYPEN	TOBIE MOLLIE SKLAR
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	MR. DAVID COHEN. & 5703 HIGHGATE DRIVE #21215
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	
heart foilure, asthenio, etc. It means the disease,	A CONSEQUENCE OF:
injury at complication which caused death.)	
ANTECEDENT CAUSES (B)	CHT ascVD
DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	10000000000000000000000000000000000000
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY ie.g., I home, form, factory, street, of etc.)	in or about 21 C. WHERE DID (If in Bollimore City, give exact location)
21D-TIME (Month) (Doy) (Yearl (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whit	• 🗆 🗸
22. I certify that (I) (this hospital) ottended the deceased from	4/23/69 1969 to 5/5/ 1969
that (1) (we) last saw the deceased olive on 105 5	2 19 69 and that In(my) (our) opinion death occurred on the date
and haur and from the course stated above (1) (We) (did) (did not) v	The same and the same and the same and the same
23A. SJONATURE	238, DATE SIGNED
The state of the s	ending Med. To Staff Co
23C. PHYSICIAN'S DOCUMENT Physicians Physici	s. Director Phys. 23D. ADDRESS 9, 1969
	11 1/2/4
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY [24D. LOCATION (City fown, or county) (Stote)
BURIAL 5-9-69 MOSES MONTIFIORE	
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	
MAY 1.2 1969 (1.2.9 6. 2.10.)	SOLI LEVINSON & BROS., 6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/68	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	-150	00		HEALTH DEPARTMENT	1/	69	4829
		69 4	829 CERTIFICA	TE OF DEATH	REG. NO	00	4020
	TH NO. AME OF DECEASED		G =1(11110)		ND HOUR OF DEATH	1	
	pe or Print) Rose L	evine			8-69	1	12:05 A.M.
3.	PLACE IN BALTIMORE, MARYLANI	D, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution; re:	
HC	LL NAME OF (IF NOT IN HO DISPITAL OR ADDRESS OR I	SPITAL OR IN	ISTITUTION, GIVE STREET			NEW J	1 1
114:	LEVINDALE	AGED H	IOME	VI.	AIN	YES X	NO 🗌
(91			E. STREET AND NUMBER	3.		
5. 5	FEMALE WHITE		RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
	USUAL OCCUPATION (Give kind of during most of working life, even if reti		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	eign country)	12. CITIZ	EN OF WHAT COUNTRY?
	HOSEWIFE		T HOME	RUSSIA		u	IS.A.
-	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
	HERSCHEL GOLDSMIT	Н		ANNE	?		
1 S.	Was Deceased Ever in U. S. Armers, no or unknown) (If yes, give wor or	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT HEBREW FREE BUF	PIAL SOCIETY	/ Cla N	ADDRESS
	NO		086-01-4145D	TP 109 MARKE	T PLACE. BA	LTO.	MD. 21202
7	DISEASE OR CONDITION LEADING TO DEA (This does not meen the mode heart foilure, asthenia, etc. It m injury or complication which co ANTECEDENT CAU DISEASES OR CONDITIONS, tise to the above cause UNDERLYING CONDITION last	ATH of dying, eons the disc used death.) JSES if ony, gi (A) stoling	ving (B) $A \le C$ the (C) $C \lor C$	USE Congestive has consequence of: UD. A CONSEQUENCE OF:	eart failu	re	years,
ICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B.	TO THE TERMI	NAL	20A. AUTOPSY? (Yes or N			
ERTIF	WAS	PERFORMED		No.	IN CERTIFYING C.	AUSES OF D	DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NG 🗌	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltime	ore City, give	exoct location)
	21 D. TIME (Month) (Doy) (1 OF INJURY (APPROX.)	eor) (Hour)	21E. INJURY OCCURRED White At Not White At Work		JURY OCCUR?		
	22. I certify that (++) (this has	pital) attend	ed the deceased fram	10 - 21-	1968 ta S	5-8	19.69.
	that (+) (we) last saw the dec	eased alive	an5-77-	19 69 and th		oinian deat	h accurred an the date
	and haur and from the causes	stated abay	re. (#) (We) (did) (did not) v	riew the bady after death.		23B. DAT	ESIGNED
	23A. SIGNATURE	. 0	Athe	nding Med.	Staff 🔽		-8-69
	23 C. PHYSICIAN'S	equer		Med. Director	Shaff Phys.		- 0 0 /
	Alberto	Angu	O M.D DEGREE	Sinai t	tospibl		
244	REMOVAL (Specify) 248. DAT	E 24	C. NAME of CEMETERY of CR	EMATORY 24D. I	LOCATION	City, town, o	r county) (Stote)
	BURIAL 5-9-6		DHEB SHALOM	BA	LTIMORE, MAR	YLAND	
2SA	MAY 12 1969	25B. NA	ME OF REQUSTRAR	SOL LEVINSON	BROS.,601	O REIST	TERSTOWN ROAD



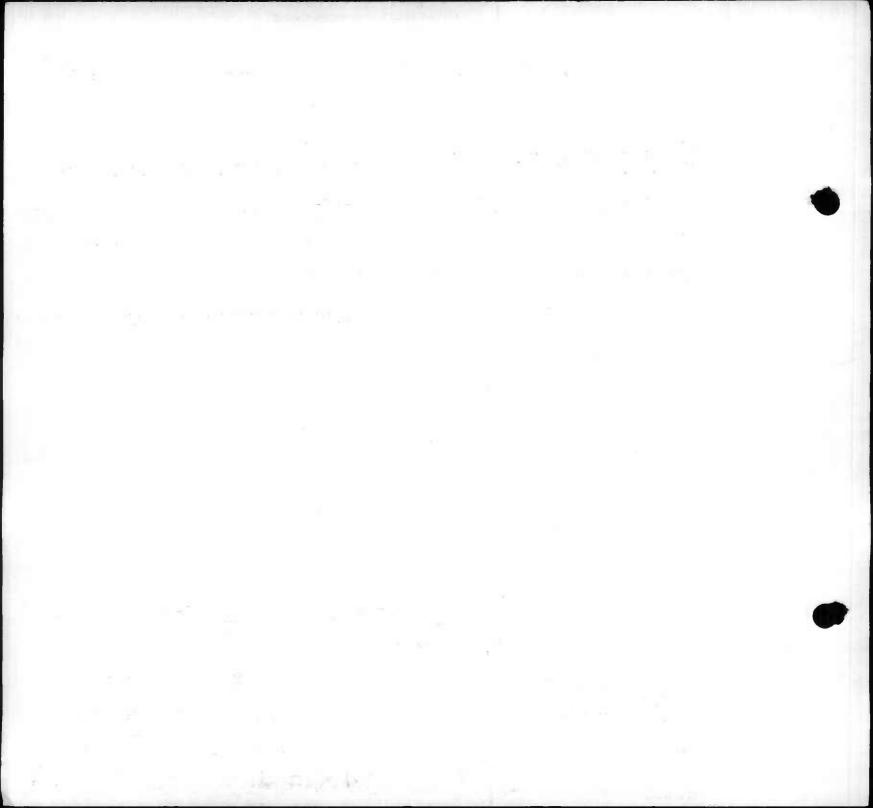
VS 150-REV. 1/1/68

a	2_	69	1000		HEALTH DEPARTMENT	REG. NO.	69 4830
	BIRTH NO.			CERTIFICA			
	1. NAME OF DECE Type or Print)		, MILTON	DEWITT		MAY 8, 196	
	3. PLACE IN BALT	MORE MARYLAND, W	HERE PRONOUNCED	DEAD			nstitution: residence before admissio
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION,	GIVE STREET	MARYLAND c. CITY OR TOWN	Anne	Arundel
	/					J. 114.	YES X NO
1	40 ST	AGNES HOSP	ITAL		E. STREET AND NUMBER	RNE ROAD	
	5. SEX	S. RACE	7- MARRIED X NEV	ER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Il Under 24 H. Months Doys Hours Min.
	MALE	WHITE	WIDOWED	DIVORCED	01 28 95	lost birthdoyl	Months Doys Hours Min.
	IOA, USUAL OCCU	ATION (Give kind of work			11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNT
		orking life, even if retired)	CIVII	EDVICE	MADVLAND		·
	RETIRED 13. FATHER'S NAM	E	CIVILS	ERVICE	MARY LAND	4445	USA
	THOMAS W	ATERS	2 197		FLORENCE W	ELSH	
	(Yes, no or unknown)	If yes, give wor or date	s of service) 16.50	CURITY NO.	Mrs. Carol	yn W. Water	ADDRESS S (wife)
$\ $	YES	WORLD WAR	1 213	22 2032	ST AGNES R	ECORDS 5	ame as # 4
	(This does not heart foilure, a injury or comp All DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 17A. DATE OF CONTRIBUT OR CONTRIBUT	OR CONDITION DIST EADING TO DEATH I mean she mode of shenia, etc. Is means lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITION SCOLOBUT ON TRELATED TO THE NOTITION SCOLOBUT ON THE NOTITION GIVEN IN PAR TO THE NOTITION GIVEN IN T	dying, e.g., the disease, death.) any, giving staling the NTRIBUTING HE TERMINAL 1 (A).	(B) Carcion Carcion	consequence of: nome, pro- consequence of: etis Bellite	state of me	
	OF INJURY (APPROX.)	Month) (Doy) (Year)	While AI C	OCCURRED Not While At Work	_	JURY OCCUR?	
	and haur and		d alive an M	AY 8			N 8 19 69
	23A. SIGNATURI	14/10					23 B. DATE SIGNED
	23C. PHYSTCIAN	n V. Zu	na tre	aegree Phys.	Med. Director Director	Staff Phys.	MAY 8, 196)
	RUBE	NV. L	UNA M	D . E	T AGNES HOSP	CATONE	VILKENS AVE
	24A. BURIAL CREM	ATION, 248 DATE	24C. NAME of	CEMETERY OF CREA	AATORY 1240		ity, town, or county) IState)
	REMOVAL (Sp.	ecify)				TO CALLON	into some of contrat. 12(a)6)
	BUTISI 25A. DATE REC'D B	5/12/6	9 St. PE	ters Ch.		Fort Meade	
	MAY	12 1969	0. 28 3	wer AN	Singleton F	CB3	Glen Burnie. Mr

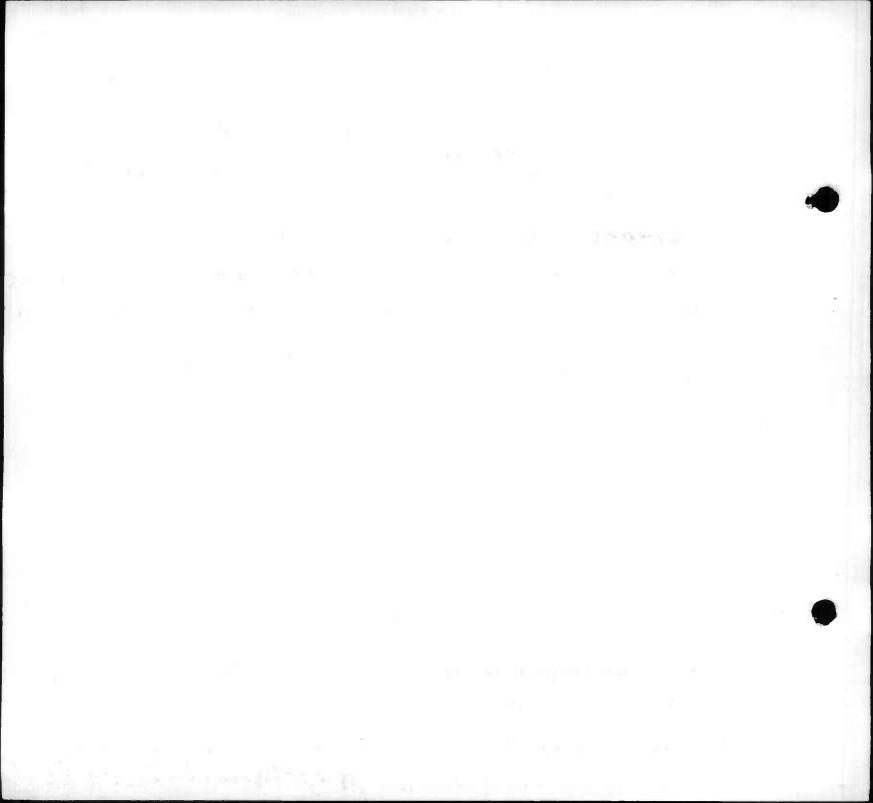
D	0	A.A	
Г	U	14	

FUNERAL DIRECTOR: IMPORTANT

1	9-100 by 4831 CEDTIEICA	TE OF DEATH REG. NO. 69	1924
of death Of death Deceased e on the	I. NAME OF DECEASED	TE OF DEATH	4001
_ 70 0 5	(Type or Print) DUFFY, MARY R.	2. DATE AND HOUR OF DEATH 5-9-69	2.20 D
- 00	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution residue, STATE B. COUNTY	2:20 P M. dence before admission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND /C	2-01
car se;	ST. AGNES HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMI	
ed in dring d cau		E. STREET AND NUMBER	NO
botined ar and ar	BALTO.MD. 21229	1200 VALLEY ST. BALTO.MD	. 21202
200-70	5. SEX 6. RACE 7. MARRIED NEVER MARRIED TO DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under I Months; D.	
00 - 0 -	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	200	OF WHAT COUNTRY?
_ 0 _ 5 5	done during most of working life, even if retired) RETIRED	The state of the s	S.A
deat Und Und as i	13. FATHER'S NAME	PENNA U.	, S . A
direct; (4); (4) with the dispense	MICHAEL MURPHY DECID		
ind; ind; eath	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	MARY ALLEN	DEC 'D
ist he de na	NO		
if the any lead of fi	18. / / / / / / / CAUSE OF DEATH	ST.AGNES RECORD ROOM WILKE	
	DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
. = 0 3 = 0	LEADING TO DEATH	SE talle. Msta Carelial	
	heart failure, asthenia, etc. It means the disease.	CONSEQUENCE OF	
- E B 5 E	injury or complication which caused death.) ANTECEDENT CAUSES	afarono.	
A fr who reg	(8) 4/860-	ACONSEQUENCE OF:	
exc exc (3) / in w	rise to the above cause (A) stoling the	and on.	
	UNDERLYING CONDITION last, (C)		
adi bour hysin w	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED.		
dy dy he cia	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO	NICE COCO
chi th ysi	5-5-69 WAS PERFORMED	20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CO	TH?
for to	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID If in Baltimore City, give ex	roct locotion)
hospital bhature; (2)	DEATH (notity medicol exominer) etc.)	the make occur.	
	21D.TIME (Month) (Doyl (Year) (Hourd 21E INJURY OCCURRED OF INJURY)	21F. HOW DID INJURY OCCUR?	
roved ne hos cept cept nd (6	(APPROX.) While At Not While At Work		
	22. I certify that (K) (this hospital) attended the deceased fram. 5	-1-69 19 tg 5-9-	19.69
E 0 6	that () (we) last saw the deceased alive an 5-9	19 69 and that in (av) (our) apinian death a	ccurred on the date
	and haur and from the cause's stated above. (1) (We) (did) (41) (47) vi	ew the bady after death.	
must be eleased ccident hospit to deat al must	23A. SIGNATURE	23B, DATE SI	GNED
	Phys	ding Med. Staff Phys. 105	09 69
was r An a L at c prior	23C, PHYSICIANS NAME, Hype) 22 22 23 24 25 25 26 26 26 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	3D. ADDRESS	
certificate m sody was rel s: (1) An acc D.O.A. at a ased prior to	HAMID MEHDIZADEH DEGREE	ST AGNES HOSPITAL BALTO MD	21229
certification of the control of the	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREM	MATORY 24D. LOCATION (City, town, or co	-
No Per	BURIAL 5-12-69 CALVARY CEMP	etery ALTOONA PE	NNA.
This certif the body shows: (1) was D.O. deceased written ap	25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR		ADDRESS K ROL
	VS 150-REV. 1/1/68	The state of the s	owson, mel.



69 4832 BALTIMORI	E CITY HEALTH DEPARTMENT							
BIRTH NO. CERTIF	ICATE OF DEATH REG. NO. S.9 4832							
1. NAME OF DECEASED								
(Type or Print) JOHN REISER, JR.	2. Date and Hour of Death 5-9-69 14.35 P.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND 2.1-02							
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? SALTIMORE YES DE NO							
FRANKLIN SQUARE HOSPITAL	E. STREET AND NUMBER							
	1140 CARROLL ST, (21330).							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCE	DT 7-3- 85 dest birthday							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY							
Cooper Barrel Busin	GERMANY LISIA,							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
JOHN REISER	ANNE ++E ROETHLING SCHAFF							
15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no ar unknown! (If yes, give wor ar doles of service) 16. SOCIAL SECURITY NO.								
No - 216.32								
18, 1369 1 CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TOWN Q days							
1 DECI CULUIA, OSIDEDIO ELC II MEGDE INA GIEGORA	OR AS A CONSEQUENCE OF:							
injury ar camplication which caused death.)								
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any, giving DUE TO, rise to the above cause (A) stating the	OR AS A CONSEQUENCE OF:							
UNDERLYING CONDITION fast, (C)								
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING [7] 21A. A CCIDENT WAS UNDERLYING [7]	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF hame, form, foctory, str	(e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect location) eet, affice bldg., INJURY OCCUR?							
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRE								
	t While Work							
/	22. I certify that (1) (this hospital) attended the deceased from 5-1- 1969 to 5-9-1969							
that (i) (we) last saw the deceased alive an 5-4-	19 69 and that in(my) (our) apinion death accurred on the date							
and hour and from the causes stated above. (1) (We) (did) (did)	rat) view the bady after death.							
23A. SIGNATURE	Attending Med. Shaff Director Phys. 5-9-69							
23C-PHYSICIAN'S	Phys. Director Phys. D 5-9-69.							
UTAL RUANGWIT, M.D.	FRANKLIN COMMON IL COM							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	DEGREE THANKLIN SQUARE HOSPITAL SPECKEMATORY 24D. LOCATION (Gity, town, or county) (Stote)							
Bremoval (Specify) 5/12/69 Louder 9	ach Cameton Balto my							
25A. DATE REC'D AY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. UNERAL DUECTOR ADDRESS 901							
12 1303 Q 0 16 9 18 9 18 18 18 18 18 18 18 18 18 18 18 18 18	and the folia for bowan + Som Line, Holling &							
VS 150-REV. 1/1/68	as hid							



This certificate must be

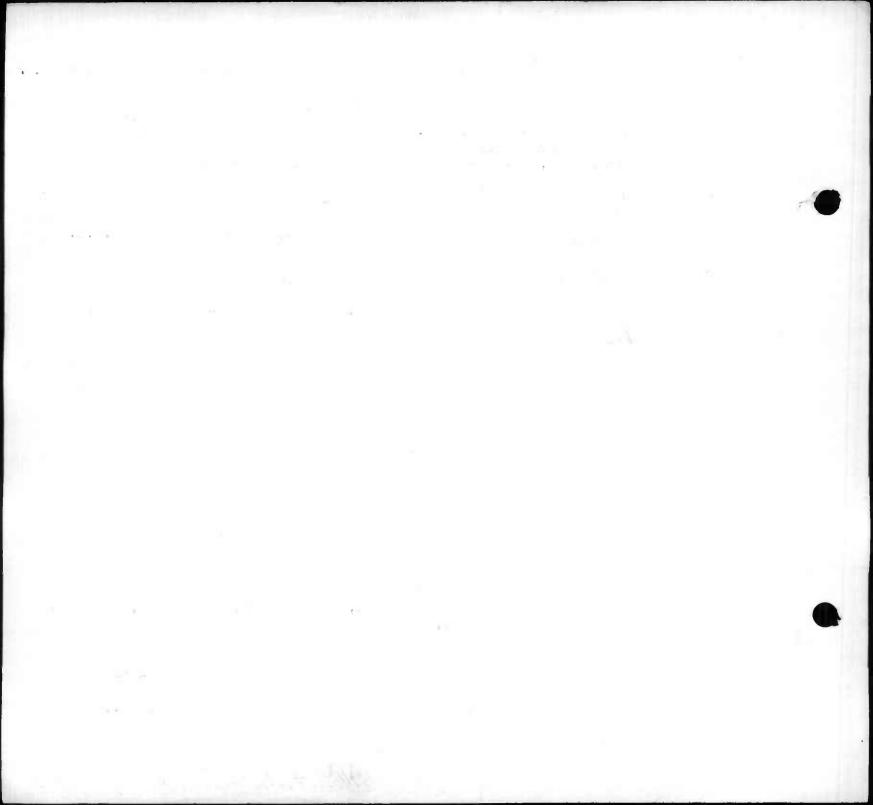
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

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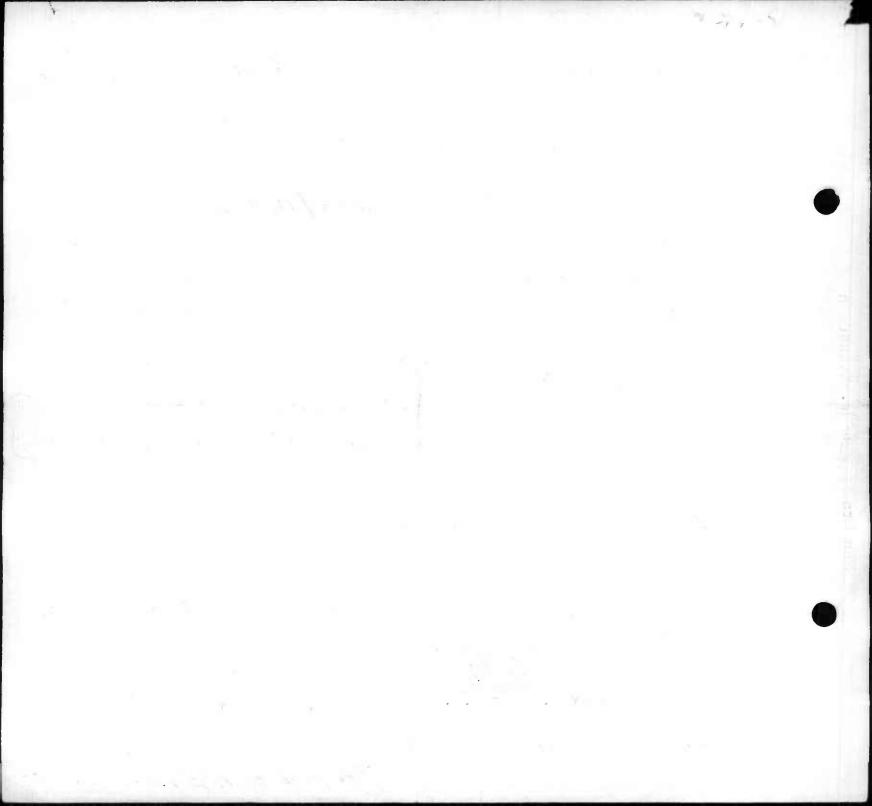
		69	4833
G.	NO		1000

BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Charles Woodyard	5-10-69 3:15 a. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland /3-03
Provident Hospital, Inc.	C. CITY OR TOWN D. INSIDE CITY LIMITS?
29 1514 Division Street	Baltimore YES X NO
Baltimore, Maryland	E. STREET AND NUMBER 2556 McCulloh Street
5. SEX 6. RACE 7. MARRIED 7. NEVER MARRIED	8. DATE OF BIRTH 7. AGE (In years 11 Under 1 Yr. , 11 Under 24 Hrs.
Male Negro WIDOWED DIVORCED	S. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even it retired) Coke	Baltimore, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clem Wardyand	1 8
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (Il yes, give wor or dotes of service) SECURITY NO.	Mrs. Edna Woodyara - Wife Same
18// / CAUSE OF DEATH	
T DISTACT OR COMPUTED IN PROPERTY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	SE Cardio-vascular Angile & 1:401
(This does not mean the made of dying, e.g., heart foilure, ashenia, etc. It means the disease,	SE Cardio-vascular Accident 1:40 A. A CONSEQUENCE OF:
injury or complication which could doubt t	
ANTECEDENT CAUSES	malignant Hypertensin 3:15A
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the abave cause (A) stoling the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
7	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A-DATE OF OPERATION 197B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 17	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, loctory, street, olf pearly (notify medical examinet)	or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion)
O 21D-TIME (Month) (Dov) (Year) (Houst 2)E INTILEY OCCUPAND	21F. HOW DID INJURY OCCUR?
(APPROX) White At Not White Mork Not Work Not Wo	
22. I certify that (I) (this hospital) attended the deceased from May	
that (i) (we) last saw the deceased alive on May 10,	60
and haur and from the causes stated obave. (i) (We) (did) (did not) vi	and the title date
23A, SIGNATURE	23B, DATE SIGNED
Alten Phys.	ding [7] Med. [7] Staff [8] 5-12-69
23C. PHYSICIAN'S NAME (Type) PROPERTY OF	1514 Division Street Balto., Maryland
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CRES	MATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5-14-69 Mt. Auburn Ce	Bulton Md
25A. DATE ACCO BY HEALTH DEPT. [25B. NAME OF REGISTRAE]	25C FUNERAL DIRECTOR 1011-13 ADDRESS
men and Upocas G. Newson, 1-2	Boll van Funeval Home-N. Arlington Ave.
/S 150-REV. 1/1/68	



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_	the approved by the chief medical examiner or his assistant if death occurred in a hospital	sed to the hospital by a medical examiner. Also, if the direct or contributing cause of d	int of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dece	pital (except where the physician who pronounced death was in regular attendance on	eath); and (6) No physician was in regular attendance on the deceased prior to death.	ust be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH eath BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Printl 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? imor & YES NO E. STREET AND NUMBER omer 5. SEX 6. RACE MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Months! Days Hours If Under 24 Hrs. lost birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give thind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) DM ES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME rar 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (III yes, give war or dates of service) SECURITY NO. 18. / CAUSE OF/DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI TAL ACCIDENT/WAS UNDERLYING OF CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g. in or about 21C, WHERE DID (II In Boltimore City, give exact location) home, form, foctory, street, office bldg, INJURY OCCUR? DEATH (notify medical examined) etcJ (Month) (Dpy) (Yearl (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROXI Work 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive on. and that In (my) Gur Popinion death occurred on the date and hour apa from the causes stated above. (i) (Wa) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED An accide hos DE the body was relea Attending Med. prior to approval Phys. DEGREE 8 23 C. PHYSICIAN'S 23D. ADDRESS 40 NAME (Type) AGE M.D. 601 N. BROADWAY D.O.A. 24A. BURIAL CREMATION, pespese 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Was 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR THE FUNERAL DIRECTOR ADDRES VS 150-REV. 1/1/68

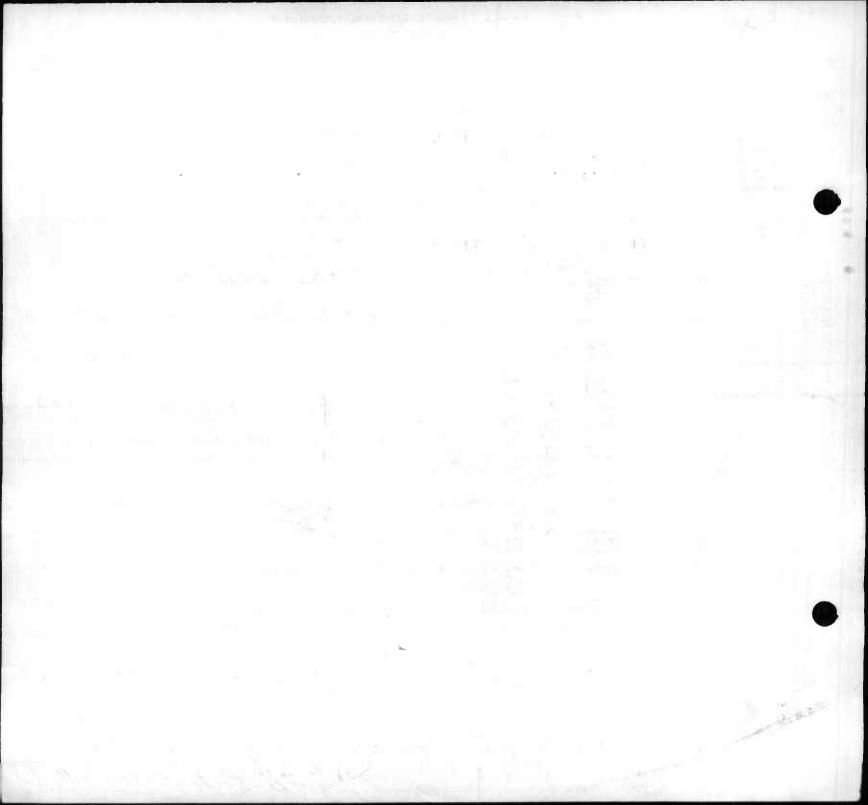


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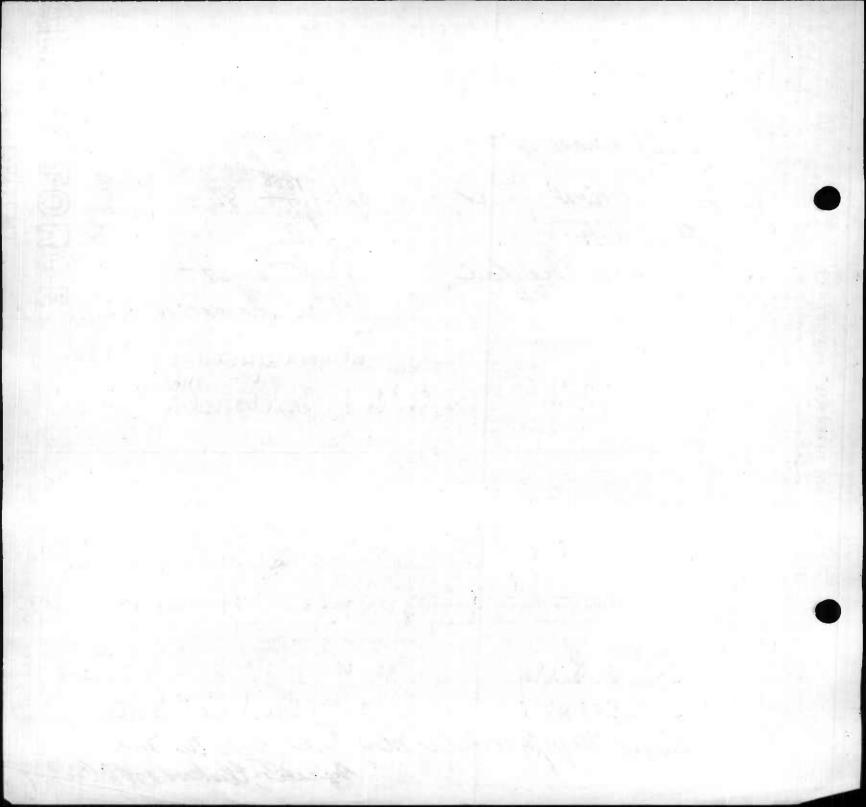
		occurre	ntribut	rmined	egular	a pasa	S Mardie
\$ -2.9 SP		This certificate must be approved by the chief medical examiner or his assistant if death occurre	the body was released to the hospital by a medical examiner. Also, if the direct on contribut	I) Under	was in s	deceased prior to death); and (6) No physician was in regular attendance on the deceased by	position
	RTANT	sistant	the dire	kind; (4	death	nce on t	final dis
	IMPO	or his as	Also, if	re of any	nounced	attenda	ned or
	FUNERAL DIRECTOR: IMPORTANT	caminer	aminer.	A fractu	vho pro	regular	re embal
	L DIRE	edical ex	dical ex	urns; (3)	/sician v	was in	mains a
	UNERA	chief m	y a me	Body be	the phy	hysician	re the re
	L	d by the	ospital k	iture; (2)	ot where	(6) No p	ned beto
	•	approve	to the h	of any no	al (excep	pub ((be obtain
		must be	pessele	ccident	hospite	to death	al must l
		rtificate	dy was r	(1) An a	O.A. at a	ed prior	approv
		This ce	the bot	shows:	was D.	deceas	Wriffer

7-5ds		ATE OF DEATH REG. NO. 69 4835				
deati deati ease n th	1. NAME OF DECEASED IType or Print WILLIAM JOHN SON	2 DATE AND HOUR OF DEATH				
pita of of of of the of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY				
hos Use (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 9-09				
D 0 0 C 0	JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES NO				
Pari Pari	601 N. BROADWAY BALTO. MD. 21205	E. STREET AND NUMBER 1105 E. FEDERAL ST. 21202				
tribution of the state of the s	S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
Con	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
deat Undeat	RETIRED RETIRED	A. Q.				
irect (4) U (4) U way n the lispos	William Solmson	MARY ENGLISH				
kind; kind; death ce on	15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give war ar dotes of service) 16. SOCIAL SECURITY NO.	II/a INFORMANT				
if the land keep of fire	18. 12771 CAUSE OF DEA	BERNICE JOHNSON 1105 E. FEDERAL ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
of of our trem	LEADING TO DEATH					
ture stone ar a	heart foilure, ostherio, etc. It means the disease,					
frachon by both	ANTECEDENT CAUSES	RESPIRATIONY 10 MIN				
exalexce (3) A (3) A an white in real and are	DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the UNDERLYING CONDITION lost.	AS A CONSEQUENCE OF: 15510LE ASPIRATION ?				
medical burns; bhysici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
Body the price	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY7 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
y the ital by e; (2) here No ph before	LIMITACE OF INJURITION	in or about 21C. WHERE DID affice bidg., INJURY OCCUR? (if In Ballimare City, give exocl facation)				
oved be hosp and cept wide (6) tained	21D.TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not Work Work At Work					
L C A X = Q	22. I certify that (1) (this hospital) attended the deceased from 4/12 1965 to 5/5					
t be app sed to the ent of an spital (e leath); a	that (N(we) last saw the deceased alive an					
must eleas ccider ccider to de to de al mu	23A. SIGNATURE Attending Med. Stoff Med. Med. Med. Med. Med. Med. Med. Med.					
Mas r An a L at a prior	NAME (Type) JOHN 1. SOJOTICA! 23D. ADDRESS					
D.O.O.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CIT	REMATORY 24D. LOCATION (City, town, or county) (Stotel				
This the show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR COMPANY	Dept & Lock & 1304 11 Central				
	VS 150-REV. 1/1/68					



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

GQ A	BALTIMORE CIT	Y HEALTH DEPARTMENT		CO 4000
09 4	837 CERTIFICA	TE OF DEATH	REG. NO.	69 4837
BIRTH NO.	CERTITION			
(Type or Print)	arec.	2. DATE AN	Les 8	1969 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR JOWN	D. iNSI	DE CITY LIMITS?
1500 E Chase St	,	E. STREET AND NUMBER	ne	YES NO NO
60		1500 € €	have ST	<u> </u>
J. SEX 6. RACE 7. MARR WIDOW	NED NEVER MARRIED DIVORCED		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Mours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		S,C,		The state of
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM)E	
Coleman Frank	al	Johnson D	anott.	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS
	JEGORNII NO.	Tether) Il	ances 1 /2	560 E ChanSt
18.	CAUSE OF DEAT	TH SIDE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			1	4.1
(This does not mean the made of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	explus	ruay
heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)		A CONSEQUENCE OF:	Dean	4.0
ANTECEDENT CAUSES	1. /	1 1 8 01	1000	10410
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	S A CONSEQUENCE OF:	/ la Cular	109/5.
rise to the above couse (A) stoting	The			
UNDERLYING CONDITION lost,	(C)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				**************************************
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimare	e City, give exact location)
21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work At Work		JRY OCCUR?	
22. I certify that (I) (this hospital) attend	1		969 to UL	ay 8 1969.
that (1) (we) last saw the deceased olive	7.	1 1 0		nion death occurred an the date
and hour and from the causes stated obav	e. (I) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	Ath	ending Med.	Staff [7]	23B, DATE SIGNED
23C. PHYSICIAN'S & ALLY	DEGREE Phy	ys. Director L	Phys.	2-12-69
WM. LBERRY	DEGREE	1237 n. Can	lue 1	Salto Til.
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION IC	ty, town, or county) (State)
25A. DATE RECIDIBY HEALTH DEPT / 125B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	rbutu	md
MAY 12 1969 / (R. 22	IC. Janbury	1 mille	Elickson	129 M. Cartin S
VS 150-REV, 1/1/68		//		



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause. (5) Decayed	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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69 4838 BALTIMORE CITY	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 69 4838
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
TENKINS . AUGUSTA	5-10-69 12:35 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION CIVE STREET	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS2
	BALTIMORE YES NO
UNION MEMORIAL HOSPITAL	E. STREET AND NUMBER
44	EAST 32 TREET 4
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. If Under 24 His.
emale White WIDOWED DIVORCED	3-0-74 75 (13)
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or foreign country) 9 12. CITIZEN OF WHAT COUNTRY?
VALUE NO PRINTED IN THE BIS OF ALL IN OPATIN	MARYLAND - Balto. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK B. JENKINS	
5. Was Deceased Ever in U.S. Armed Source? 11.4 COCKET	
res, no drunknown) (if yos, give war ar doles af service) SECURITY NO.	Aloun Adams of
NO 579-44-1676	MARY PALMER MARY LAND 21774
18. / 7 4 X I CAUSE OF DEATH	H (Mrs. Benjamin Palmer) APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2105111
(This does not mean the mode of dying, e.g.,	JSE CIREMIA A CONSEQUENCE OF:
heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
	al Tailoupe
(B) /C 6707	AL FAILURE A CONSEQUENCE OF:
rise to the obove couse (A) stoting the	
UNDERLYING CONDITION last (C) MO/AS/	ATTC CARCINOLIA OF BREAST
¥	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL 550	FRE ANGMIA
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., I	n or obout 21C. WHERE DID (If In Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF hame, farm, foctory, stroot, of DEATH (notify modical examine)	fice bldg. INJURY OCCUR?
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX) While At Not While	
Work — At Work	
22. I certify that (I) (this hospital) attended the deceased from	- 7 1969 to 1-10 1969
that (I) (we) lost saw the deceased alive on	19_69ond that in(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) v	iew the body ofter death.
23A. SIGNATURE TOOL: M.D. Atte	238, DATE SIGNED
Phys	
23C. PHI SICIAN'S	THE UNION MEMORIAL HOSPITAL
YUSOOF T. ALLIAN, M.D. DEGREE	CINION MEMORIAL HOSDITAL
4A. BERIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
BURIAL May 12/69 Mont Maria	Towson, Balto. Co., Md.
25A. DATE REC'D BY HEALTH DEET. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAI 13 1303 (1855) 6 4 3 7 6 5 4 5 10 5 10 10 10 10 10 10 10 10 10 10 10 10 10	STEWART & MOWEN CO.1088.North Av., City 1
VS 150-REV, 1/1/68	The state of the s

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Salphin de

FRANK B. JENKINS SUSAN WELLS

3-5-94 75

MARYLAND - CI S. L.

ENST BLAN STREET +

MARY PACHER NEW VANCET KARRELLAND TEST

LIKEHILA

REMAL FAILLINGE

METASTATIC GARDILLELAS OF BREAST

SELIEVE ALIENA

33

Gussey T. Callen m. o.

CHILCH MENCANAL PERDING

BALTIMORE	CITY	HEALTH	DEPARTMENT

	69	4839
NO		

BIRTH NO. 69 4839 CERTIFICA	TE OF DEATH REG. NO.	
TENNISON DAN, CA	RTER 2. DATE AND HOUR OF DEATH 5. 10.69	1 10 15 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution	n: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND D. INSIDE CIT	2-03 Y LIMITS?
CHURCH HOME AND HOSPITAL	E. STREET AND NUMBER	NO
35	513 S. Register St 21231	
S. SEX MALE White Widowed DIVORCED	UMIN, 1911	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLACE (Stote or loreign country) 12. (TIZEN OF WHAT COUNTRY
SEAMAN MERCHANT MARINES		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNKNOWN	UNKNOWN.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) YES 1937 1937 1929 572-18-2743	Wife. \$13 S. Register 81	ADDRESS 21231
18. 4 CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	2-4-12	BETWEEN ONSET AND DEATH
LEADING TO DEATH 1This does not meen the made of dying, e.g., (A) IMMEDIATE CAL	JSE CARDIAC ARREST A CONSEQUENCE OF:	
head loilure, asthenia, etc. Il means the disease,	A CONSEQUENCE OF:	\
injury or complication which coused death.) ANTECEDENT CAUSES MYOURE	201AL INFARETION, Chrom	4
DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS	A CONSEQUENCE OF:	***
underlying condition lost.	we lung disease.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
S DISEASE OR CONDITION GIVEN IN PART I (A).		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A- AUTOPSY? (Yos or No) 20 B. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in one, form, fociory, street, of DEATH Inotify medical examiner)	n or obout 21C. WHERE DID (If In Boltimoro City, INJURY OCCUR?	givo exoct locotion)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not While At Work	• 🗂	
22. I certify that (1) (this haspital) attended the deceased from	5, 10 1969 10 5. 16	1969
that (I) (we) lost saw the deceased office on	19.69ond that in(my) (our) apinian de	eoth occurred on the date
and have and from the causes stated obave. (1) (We) (did) (did not) v	iew the body ofter death.	
DEGREE Phys		TE SIGNED
PAGE (Type) MESBAH UD DOWLA MD.	Church Home + forpral	*
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town	or countyl (Stotel
Burial 5-14-69 Batto Matil	Cem. Baltimore.	md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 2007 EAST	ADDRESS TERN AVE. Md. 2/231
VS 150-REV. 1/1/68		-1-21

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

69 4840

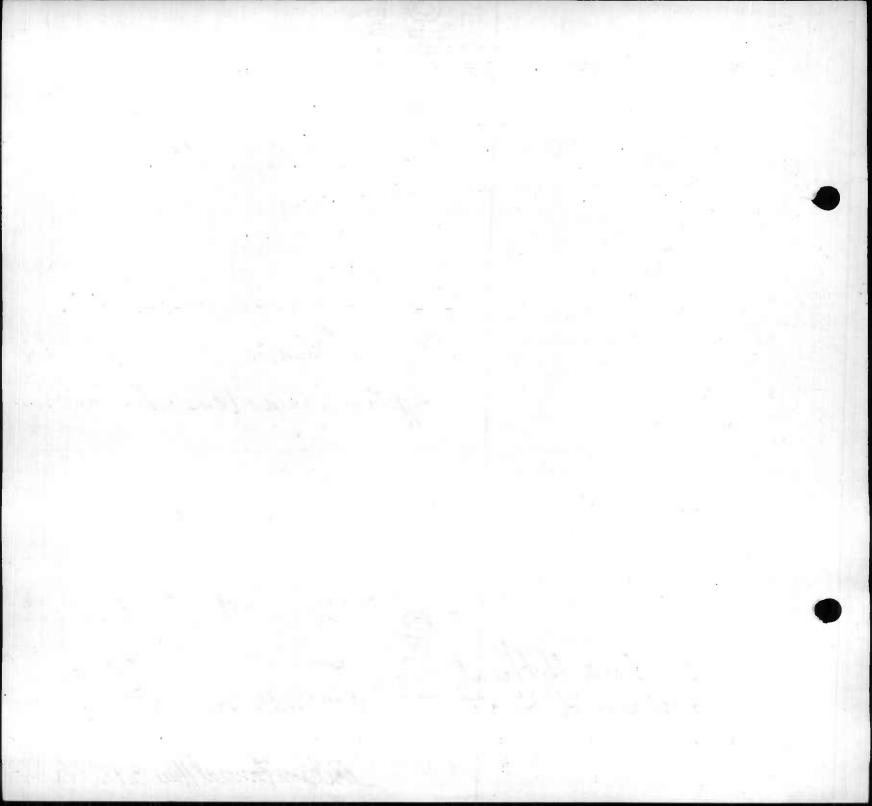
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

69 4840

BIRTH NO.	CERTIFICA	TE OF DEATH		
(Type or Print)	2. DATE AND HOUR OF DEATH			
Mary A. Taylor		May 8		institution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN		nstitution: residence before damission
full name of Hospital or Institution, Give street Address or Location) 2133 W. Lexington St.		Md.		10-02
		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
		Balto.		YES NO
		E. STREET AND NUMBER		
00		2133 W. Lex	ington S	t.
5. SEX 6. RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs: Min.
Female Col. WIDOV	WED X DIVORCED	Dec.10,1897	71	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Domestic		Richmond Va		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	•	
Bedford Stokes		Ella		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	J	amica N.Y.
no	217-20-7364	Hezekiah Stol		
18. // 40 0	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Circa	1 O. 1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAI	cal callese in		Assured He
(This does not meon the mode ol dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
hearl failure, asthenia, etc. II means the dise injury or camplication which coused death.)	ase,			
ANTECEDENT CAUSES	Hesteri	Gulin Gardis	Thurste	By Hukney
DISEASES OR CONDITIONS, if any, gi	ving DUE TO OR AS	A CONSEQUENCE OF:	[ME &C CC (A)	1 poly
rise to the obave couse (A) stating	- //			
UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		1004		
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.		FINDINGS CONSIDERED AUSES OF DEATH?
	7010 01 4 02 02 111111111	1 IOIC WILLIAM DID	W() D by	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, o	ffice bldg., INJURY OCCUR?	(it in Boltimo	ore City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work At Work			
22. I certify that (I) (this haspital) attend		1 10 6	19 61 to 5	- 8- 1969
that (I) (we) last saw the deceased alive	F C	16		Inlan death accurred an the dat
			at in(my) (dor) dp	inian death accurred on the dat
and hour and from the causes stated above	e. (I) (We) (did) (did nat)	view the bady after death.		DATE CICNED
23A. SIGNATURE	4	ending A Med.	Stoff -	23B. DATE SIGNED
I rehard Hitte	MIL DEGREE Phy	rs. Director	Phys.	3/20/69
23C. PHYSICIAN'S		23D. ADDRESS	11	Ca 111
Kichard H. Ly	17	1607 W. MU	1Denni	St Ma21772
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION	City, town, or county) (State)
Burial Specify 5/12/1969	Arbutus Memor	ial Park Ar	butus Md	
				ADDRESS A
MAY 1 2 1969 (10.9)	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR		21001/6
I BULLE E Z INTER E E I	Pr. Calletter, S. ""	INTERMENTAL VY	NOT VITAL IN THOS	II / DIT II NOTIAN NO

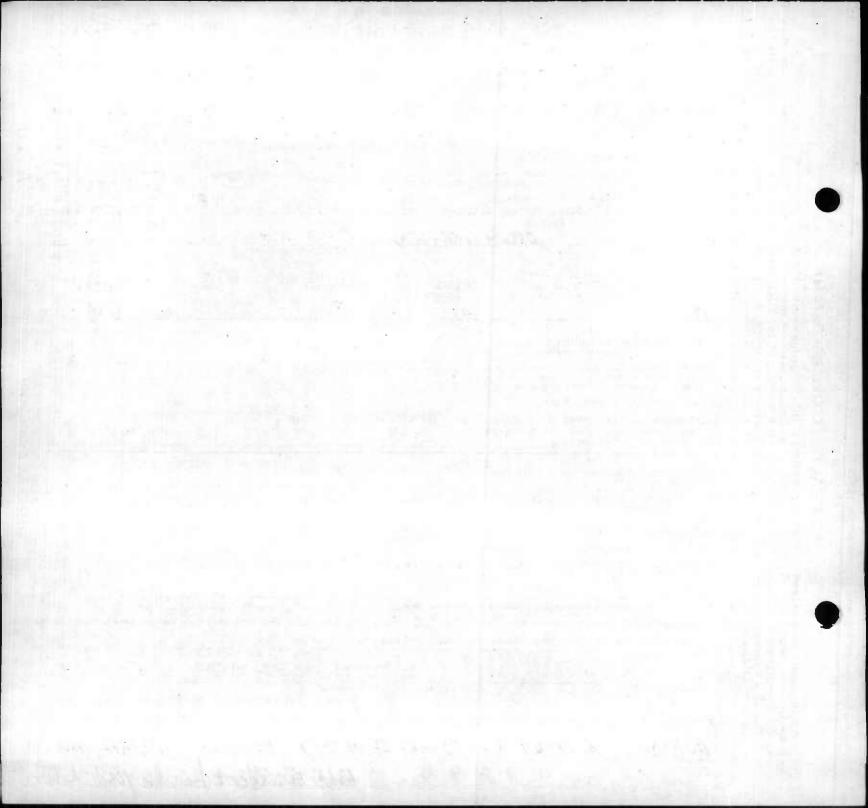
VS 150-REV. 1/1/6B . . . - -



5/6-	BIRTH NO. 69 4841 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 4841						
hospital and see of deat (5) Decease ance on the death. Suc	I. NAME OF DECEASED Type of PPasqualina Susanna Lombardi	2. DATE AND HOUR OF DEATH	8:30 A				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived. If instit A. STATE B. COUNTY Maryland	ution: residence before odmission)				
cau cau se; end to	full name of Address or Location (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3919 Mt. Pleasant Avenue	C. CITY OR TOWN Baltimore D. INSIDE	CITY LIMITS?				
outing led cau ar atte prior de.	00	3919 Mt. Pleasant Avenue	•				
trib trib min gul sed	Female Caucasian 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	3/31/07 62	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.				
if death or ect or con (4) Undeter was in re the decear	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUdone during most of working tife, even if retired) housewife	STRY 11. BIRTHPLACE (State or foreign country) Italy	No.				
de de	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
if Specification if the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specification in the specification is the specification in the specif	Giacinto Tiburzi	Virginia					
his assistant o, if the dii f any kind; nced death endance on d or final di	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS				
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	AAn Nicola Laudamedi					
	No CAUSE OF D	Mr. Nicolo Lombardi same	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY	Candian arrest	A few minutes				
er or ler or ler or ler or Als	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused deeth.)						
mine M frac ho p egul	ANTECEDENT CAUSES (B) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF: Several month						
(3) A an w in r	rise to the above cause (A) stating the	e pulmonary emphysema	Many years				
medical burns; hysicia n was remain	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
by a me by a me 2) Body by e the phy physician ore the re	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
ital by e; (2) here No ph befor	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 1) 21C. WHERE DID (If in Boltimore City, give exact location) 10 10 10 10 10 10 10 1						
bed be de bed be de bed be de bed bed be	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While A1 Not						
o the o the any (exc	22. I certify that (I) (INCOMENTAL) attended the deceased from May 25, 1963 to April 26, 1969 that (I) (III) lost sow the deceased alive on April 26, 1969 and that in (my) (ggr) opinion death occurred on the date						
death	ond hour ond from the couses stoted obove. (1) (100) (did no 23A. SIGNATURE		3B, DATE SIGNED				
de d	23A. SIGNAL ONE	Attending Wat Mad C Shift C					
at to to	D. f. hus M. D. DEGREE	Phys. Director Phys.	May 12, 1969				
as rate at at rior	23C. PHYSICIANS NAME (Typh) S. J. Liu, M. D. 23D. ADDRESS 5301 Harford Rd. Baltimore, Md.						
his certific he body w hows: (1) A cas D.O.A. eceased pi	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City,	town, or countyl (State)				
This cer the bod shows: was D.(decease	Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	onkling Street				
	VS 150-REV. 1/1/6B	V					

	BALTIMORE CITY HEALTH DEPARTMENT
	69 4842 CERTIFICATE OF DEATH REG. NO. 69 4842
	ME OF DECEASED 2. DATE AND HOUR OF DEATH
	or Print) —
	ACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissi
3. P	A. STATE B. COUNTY
FUL	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) O. CITY OR TOWN D. INSIDE CITY LIMITS?
12	
1	AKE DRIVE NURSING HOME BALTIMORE YES NO [
2	401 EUTAW PLACE
	245 FAIT AVE
S :	7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 F lost birthday) Months Days Hours Min.
	M (1) WIDOWED DIVORCED 12/18/95 78
	ISUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY
, Ne	during most of working life, even if relired) CRONIN LORKCYSEAL BALTIMORS, MD USA
	STHER'S NAME CROWN CORKES BALTIMORE MD USA
	: : : : : : : : : : : : : : : : : : :
V	ACOB ZBORYNCKI as Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS
5. V	as Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT SECURITY NO.
1	O SECURITY NO. 218-01-8000 2401 EUTAW PLACE BALTO.
4	B. CAUSE OF DEATH APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY PAGE .
	LEADING TO DEATH
	This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
	neorl lailure, asthenia, etc. Il means the disease, njury ar complication which caused death.)
	ANTECEDENT CAUSES A 2 C V D
	DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
	ise to the above couse (A) stoling the
	JNDERLYING CONDITION losi. (C)
_	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL
	ISEASE OR CONDITION GIVEN IN PART 1 (A).
ERTIFIC	PALDATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
,EX	A A COLDENIE WAS UNDERLYING TO 1218 BLACE OF INJURY / - in a harder OWNERS DID. (II to be Constituted to the
7	1A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Baltimare City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR?
)	PEATH (notify medical examiner) etc.)
	1D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2	APPROX.) While At Not While At Work At Work
	D 29 (6 M. 11 69
- 1	
	hat (I) (we) lost saw the deceosed alive on 1967 and that In(my) (aur) opinion death occurred on the c
	nd hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
	23B. DATE SIGNED
	Med. Staff Director Phys. Staff Director Phys. 5-11-69
	GC.PHYSICIAN'S [23D. ADDRESS
	MARCHINO F ACBUERNE 5713 CHENQUARIN PLAY BALTIMONE,
44	BURIAL CREMATION, 24B, DATE 24C.NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote
	REMOVAL (Specify)
1	URIAL 5-14-69 HOLY ROSARY CEMETERY DUNDALK MARYLAND
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	12 1969 (16 9 6. 9 Da) O land mine her thouseher 401 Chester
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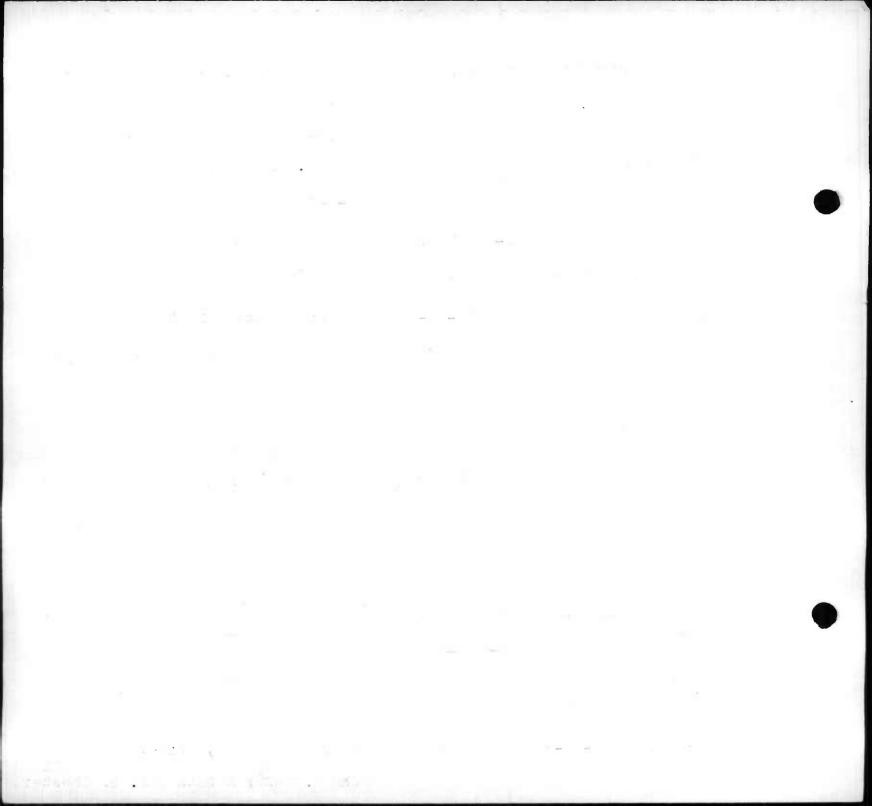
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FUNERAL DIRECTOR: IMPORTANT	9.	200	201
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	st be approved by the chief medical examiner or his assistant if death occurred in a hospital and assed to the hospital by a medical examiner. Also, if the direct or contributing cause of death	spital (except where the physician who pronounced death was in regular attendance on the	2 - 4
	B 24	a :	57
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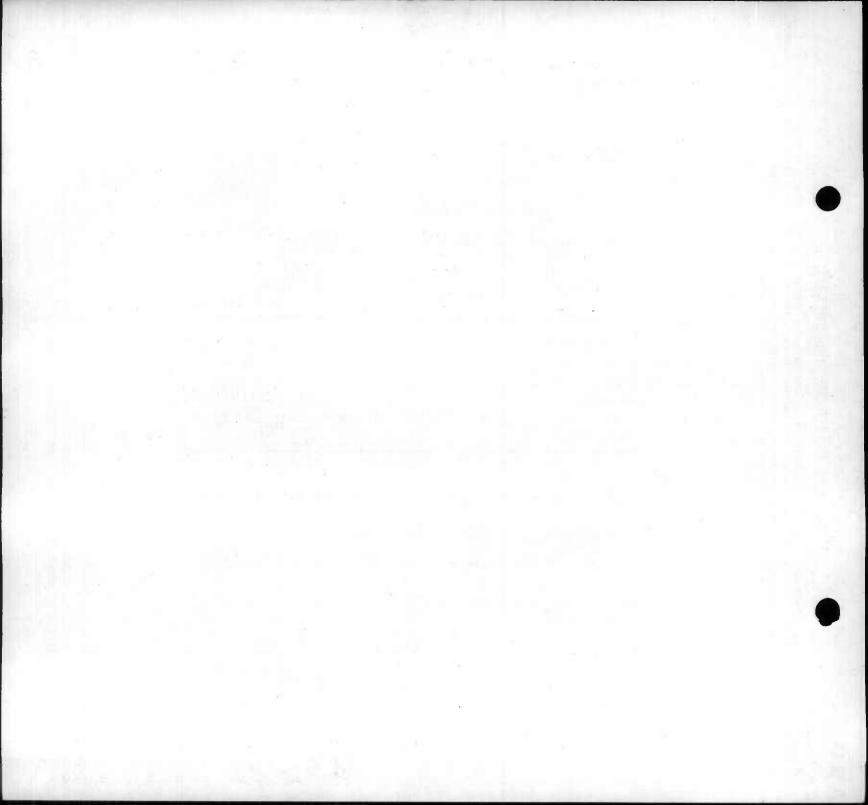
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0-513		Y HEALTH DEPARTMENT ATE OF DEATH REG. No. 69 4843
of death of death Deceased on the	INAME OF DECEASED	ATE OF DEATH REG. No. 69 4843
Sope	II(Type or Pont)	2. DATE AND HOUR OF DEATH
hospita ise of (5) Dec ance o death.	Michalina Dembowska 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	May 7, 1969 4:35 PM. 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission)
- 00		A. STATE B. COUNTY
	HOSPITAL OR ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	1-05
se;	INSTITUTION	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?
ed in a raing cause; a catendary to attend prior to e.	3/	E. STREET AND NUMBER
	Mercy Hospital	2219 E. Lombard St
contribution teamined in regular pressed principles is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., if Under 24 Hrs., Months; Days Haurs; Min.
occur ontrib ormin regul	F W WIDOWED DIVORCED	9-5-9 77 vrs
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or or ander	Self- Employed	Poland
de Cur	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
irect or c (4) Under was in the decision	Walter Bogucka (Deceased)	Unkown (Deceased)
	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
assistan if the d ny kind; d death ance on	(Yes, no ar unknown) (If yes, give wor or dates of service) SECURITY NO.	
ass d d d d r	No. 215-01-380	
Also, if so of any ounced attendan	DISEASE OR CONDITION DIRECTLY	A PETAGONAL INTERVAL
Also Also noun atte	LEADING TO DEATH	itional Hepatic Circhosis Years
0 4 5 5 0 7		A CONSEQUENCE OF:
ner. actu pro ular mba	injury or complication which caused death.)	Det:
fr fr ho ege	ANTECEDENT CAUSES	
xami xami) A fr who rege	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
T O E T S	UNDERLYING CONDITION last. (C)	
nedical edical burns; hysicic n was		
E 0 0 5 E 5	TO THE DEATH BUT NOT RELATED TO THE TERMINAL NOT TOX!	c nodular thyroid goiter years
# E > a.o	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-PATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
chie Bod the ysic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING.	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S - E -	121 MF LACE OF INDUSTREE	n or about 21 C. WHERE DID (If in Boltimore City, give exect location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, of DEATH (notify medical examined	fice bldg. INJURY OCCUR?
ved by the hospital nature; ept whe d (6) No ained be	21D-YIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
oved I e hosp y natu ccept nd (6)	(APPROX) While At Not While	
00 70 55	Work — Al Work	
appr fan) fan) (ex	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on	5-6 1969 10 5-7 1969
0 0 7 7		19_Cond that in (my) (our) opinion deoth occurred on the date
dent of death)	and hour and from the couses stated above. (1) (We) (did) (did not) v	
20.220	Mala D	nding Med. Stoff (7)
T a B C A C A C A C A C A C A C A C A C A C	DEGREE	nding Med. Director Phys. 5/8/69 23D. ADDRESS
was r An a L at c prior	NAME (Type) MOY NOW ROLL AND	A A A A A A A A A A A A A A A A A A A
Mary Company of the last	24A, BURIAL CREMATION DAR DATE DAG NAME OF CONTROL	Mercy Hospital
F4-00 -	240. BURIAL CREMATION, 248. DATE 24G. NAME of CEMETERY of CRE	tony tony of cooling.
This certhe bod shows: was D.C decease	Burial 5-12-69 Holy Rosary Co	
This ce the bo shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR: ADDRESS 40]
	VS 150-REV. 1/1/68	John M. Weber & Sons Inc. S. Chester



FUNERAL DIRECTOR: IMPORTANT

66	IB M-200 69	1044	TE OF DEATH	REG. NO.	69 4844
BIR	TH NO.	CERTIFICA	TE OF DEATH	KEO. 110.	25
	AME OF DECEASED MICHAEL,	TARGARET, C.	2. DATE	1/14 1/) -	969 3 Am.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Who		stitution: residence before odmission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARY LAND	D. INSI	6-09 DE CITY LIMITS?
		11	BALTIMORE		YES NO NO
5/	BALTIMORE CITY	HOSPITALS	E. STREET AND NUMBER	-	01004
2 6	9 .,		8. DATE OF BIRTH	SI.	21224 If Under 1 Yr. , If Under 24 Hrs.
S. 5	William C	RIED NEVER MARRIED	o. Late of Bikin	lost birthdoy)	Months Doys Hours Min.
10A	USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or for	54 eign country)	12. CITIZEN OF WHAT COUNTRY
don	e during most of working life, even if retired)) — // / · · ·			USA
13.	HOUSE - WORK F	T HOME	MARYLAND, BAL		USA
	WILLIAM	H. FINNERTY		Ross	
15. (Ye	Wos Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT	12.71	ADDRESS
	NO -	2 12 200 100 100 100 100	PEGOPPG - BCH-49	40EABTERN AV	ENUE, BALTIMORE, MD
	18 <u>4</u> 30.0 I	CAUSE OF DEATH	O L		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Kesfuvator	ry arrest	
	(This does not mean the mode of dying,		A CONSEQUENCE OF:	- J	
	heort foilure, osthenio, etc. It meons the dis injury or complication which coused death.)	eose,	anachan A has	000011/000	
	ANTECEDENT CAUSES		anadoliolog in	monifage.	
	DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)			
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART I (A).				
FIC.	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE I	FINDINGS CONSIDERED
ERTIF	0		NO		
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(It in Boltimor	e City, give exoct location)
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)	While At Not While Work At Work		10.	5/ 10
	22. I certify that (I) (this hospital) atten-	1	3/4/0	19 ta	19 0
	that (I) (we) last saw the deceased alive	21.10	19 69 and t	hat in(my) (aur) api	nian death accurred an the date
	and haur and fram the causes stated aba	ve. (I) (We) (did) (did nat) v			
	23A. SIGNATURE				23B. DATE SIGNED
	10.	OEGREE Phy:	minding Med. Director	Staff Phys.	5-9-69
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS ALTIMO	DE CITY	HOSPITALS
24/		DEGREE 4C. NAME of CEMETERY of CRI			ty, town, or county) (State)
	BURIAL 5-13-69	SACRED HEAR	T CEM. 740	OI GERMAN A	HILL RD-, BA. Co, MD
25/		ME OF REGISTRAR	256. FUNERAL DINICIO	31 9015	CONKLINGST,
1					



written approval must be obtained before the remains are embalmed or final disposition is made.

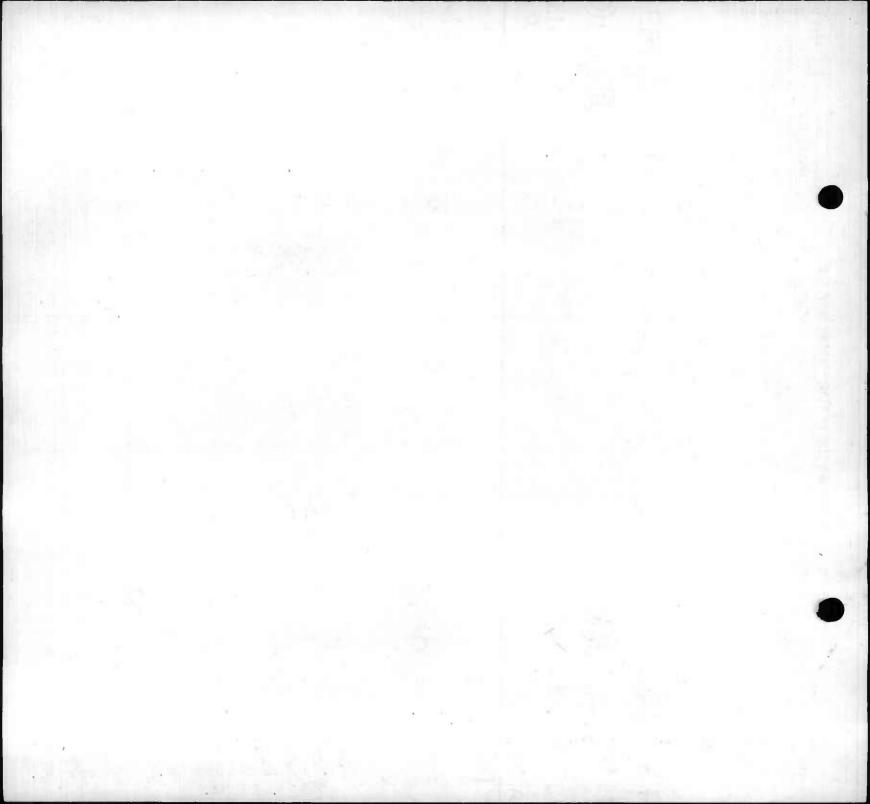
FUNERAL DIRECTOR: IMPORTANT

REG.	No.	69	4845
		CO	TO A

BIRTH NO.		77 40	45CERTIFICA	TE OF DEATH	700	4040
NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	
	Frank L. S	Snyder WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Who	5-7-69 ere deceased lived. If instit	ution: residence before odmissian
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSS ADDRESS OR LO	PITAL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN	D. INSIDE	CITY LIMITS?
OMaryl	ander Apts	3 .		Baltimore E. STREET AND NUMBER		ES NO NO
SEX	6. RACE	7	7.1-11	B. DATE OF BIRTH		1012 Under 1 Yr. Under 24 Hrs
M	M	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED		lost birthdoy)	Nonths Doys Hours Min.
	**	_		4-1-1897 11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTE
	working life, even if retired	4)	Penn RR		,	
Civil E	ngineer	net-d	reim nn	Maryland 14. MOTHER'S MAIDEN NA	AAE	USA
	am Snyder			Frances Th	uman	
es, no or unknown	Ever in U. S. Armed I	forces? otes of service)	16. SOCIAL SECURITY NO.	Miss Agnes S	hyden Clift	on Pk. Apts.
Yes	WW I&II	USN			lilmington.	
18.	9		CAUSE OF DEATH	Н	Ž.	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION I		(A) IMMEDIATE CAU	UTE Vulum	ary Edema	Sudden
DISEASES (asthenia, etc. It mea mplication which caus ANTECEDENT CAUS OR CONDITIONS, it te above cause (A G CONDITION last.	ed death.) ES f any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	iency	Strenalyeurs
OTHER SIGNII	FICANT CONDITIONS C	THE TERMINAL				
			HICH OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
				100		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, of	n or obout 21 C. WHERE DID injury OCCUR?	(If in Baltimare C	City, give exact lacotian)
21A. ACCIDE OR CONTRIBI DEATH (notify	UTING CAUSE OF	home etc.)	INJURY OCCURRED e At Not While	lfice bldg., INJURY OCCUR?		City, give exact lacotian)
21A. ACCIDE OR CONTRIBI DEATH (notify 21D. TIME OF INJURY (APPROX.)	UTING CAUSE OF y medical examiner)	on (Hour) 21 E, Whil Work	INJURY OCCURRED e At Not Whil	21F. HOW DID IN	1969 10 5	Sity, give exact lacotion) The Grant of the dot on the do
21 A. ACCIDE OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (we)	UTING CAUSE OF y medicol exominer) (Month) (Doy) (Year)	home etc.) or) (Hour) 21E. Whil Work tal) attended the used alive an	INJURY OCCURRED At Not Whill At Work e deceased from	21F. HOW DID IN	1969 10 5	7-69 1969
21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we)	v that (1) this hospit I last saw the decea	home etc.) or) (Hour) 21E. Whil Work tal) attended the used alive an	INJURY OCCURRED At Work e deceased fram We) (did) (did not) v	21F. HOW DID IN 21F. HOW DID IN 3 - 19	19 9 ta 5	7-69 1969
21A. ACCIDE OR CONTRIBI N CONTRIBI OR CONTRIBION CONTRIBI OR CONTRIBION CONT	THAT (1) (this hospit) last saw the decear	home etc.) or) (Hour) 21E. Whil Work tal) attended the used alive an	injury occurred At Work deceased fram We) (did) (did nat) v	21F. HOW DID IN 21F. HOW DID IN 3 - 19	JURY OCCUR? 19 9 ta Sant in (my) (aur) apinic	The Total of the do
21A. ACCIDE OR CONTRIBI DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an 23A. SIGNATU	THAT (1) (this hospit) last saw the decear of from the causes sure	tal) attended the seed alive an	INJURY OCCURRED At Not While At Work Additional of the property of the prop	21F. HOW DID IN 21F. HOW DID IN 3 - 19 9 and the death. Inding Med. Director 123D. ADDRESS	JURY OCCUR? 19 4a 5 nat in(my) (aur) apinic	The Total of the do
21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an 23A-SIGNATURY NAME (1)	UTING CAUSE OF medical examiner) (Month) (Doy) (Year that (1) this hospit) last saw the decead of from the causes so the causes so the cause of the	tal) attended the seed alive an interest shows. (1)	INJURY OCCURRED At Not While At Work Additional of the property of the prop	21F. HOW DID IN 21F. HOW DID IN 3 - 19	JURY OCCUR? 19 9 to 5 nat in(my) (aur) apinic Shaff Phys. Rd .	The Total of the do
21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an 23A-SIGNATU 23C. PHYSICIA NAME (I) A. BURIAL CREREMOVAL (Burial	UTING CAUSE OF medical examiner) (Month) (Doy) (Year that (1) this hospit) last saw the decead of from the causes so the causes so the cause of the	tal) attended the sed alive an	injury occurred e At Not Whil At Work e deceased fram We) (did) (did not) v DEGREE Phys ME of CEMETERY of CRE don Park Ne	21F. HOW DID IN 21F. HOW DID IN 3 - 19 9 and the liew the bady after death. Inding Med. 23D. ADDRESS MATORY Falls	Shoff Phys. City,	Jan death accurred an the do

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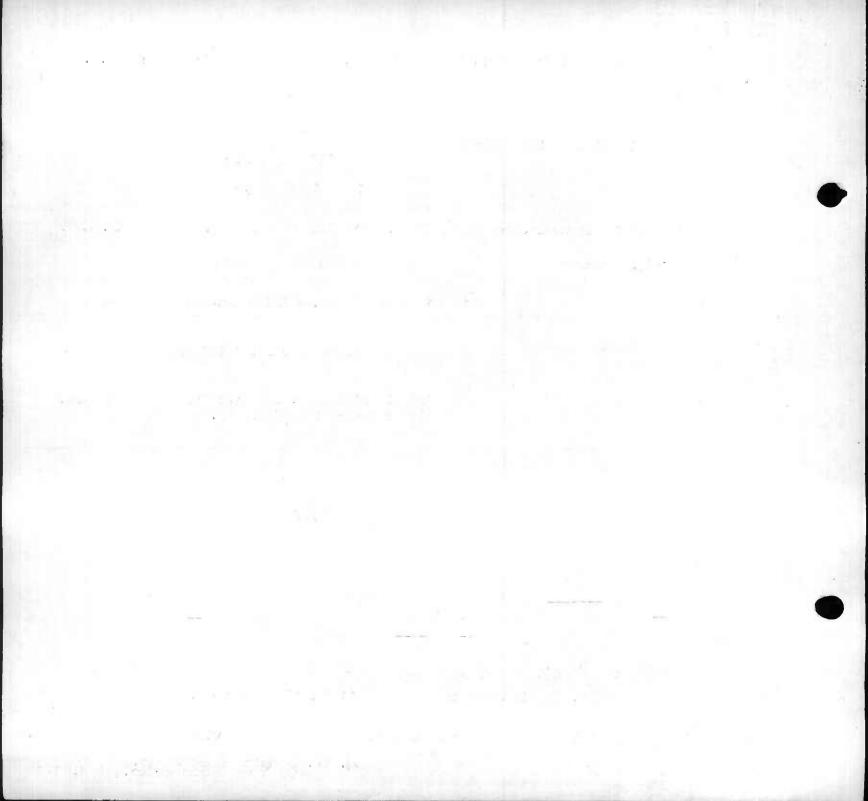
Balto. 12 Md. Co. 4905 York Rd.



- 530	69 4846 CENTIFICATE OF DEATH REG. NO. 69 4846
and ath sed the uch	BIRTH NO.
of deat Of deat Decease e on th	(Type or Print) William Arthur Snyder, Sr. May 9, 1969 6:17 A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY A. STATE COUNTY A. STATE COUNTY
a hos tause te; (5) ndanc to dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
- 0 5 0	Baltimore YES NO DE STREET AND NUMBER
e d +i e	111 Tunbridge Road
occurribu ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED B. DATE OF BIRTH 12-8-1905 9. AGE (In yeors lost birthdoy) Months: Doys Hours Min.
or columbiants or col	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) Factory Representive—John Bean Corp. Valley Forge, Pa. U.S.A.
Sea C+ d	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
rect (4) (4) we we the ispo	John H. Snyder Ella Mae Busch
and; di ath on	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
Ssista the the dea nce final	No 212-01-8554 Mrs. Lillian Snyder Same
his as to, if fany nced endar	18,410,9 CAUSE OF DEATH BETWEEN ONSET AND DEATH
hi of of of of of ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Acute myocardial infarction Sudden
ure o onou r atte	(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,
ine acti pr ulai	injury or complication which caused deoth.)
ami mi ho ho e e	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving Arteriosclerotic cardiovascular disease 17 yrs. Owith Represent Ficiency.
exc (3)	rise to the abave cause (A) stoting the UNDERLYING CONDITION last. (C)
dical rens; sicia was	
med by hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (a).
T - X V	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the chie al by a (2) Bod ere the physic efore th	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID ADDITIONAL OF AUST OF
y the ital	DEATH (notify medical examiner) etc.)
hosp natur ept w d (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. tNJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work
or x x c	22. I certify that (I) (this hospital) attended the deceased fram 8/1/1947 19 to 5/9/1969 19
00000	that (1) (we) last saw the deceased alive an 2/20/1969 19 and that in(my) (ww) apinian death accurred an the date
	and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE
us ea ide ide d	Attending Med. Staff Staff Staff
acc acc bra	23C. PHYSICIAN'S 23D. ADDRESS
ficate m was rel A. at a l prior to	pr. Edwin Jarrett II E. Onase Street
FP-0-B	Parkwood Cemetery of CREMATORY Parkville, City, town, or county) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Dat lat
This the show was decement	MAY 12 1969 258. NAME OF REGISTRAR 4905 YORK ROAD Balto., Md.21212

FUND PRECIDENTS & Sons Co. ADDRESS 4905 York Road Balto., Md.21212

VS 150-REV. 1/1/6B

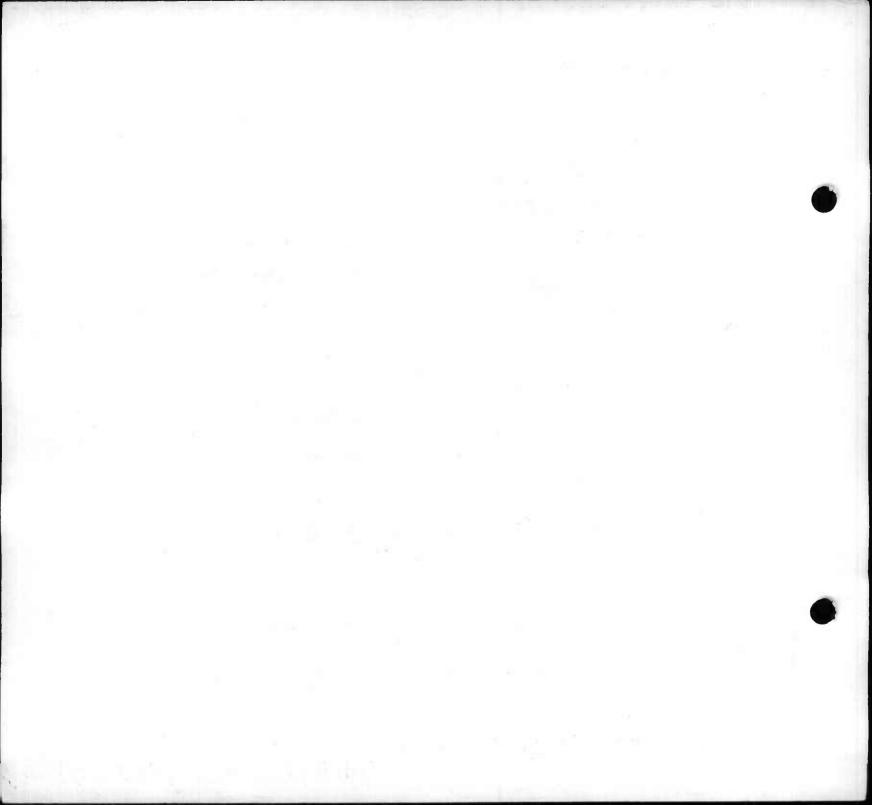


This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written annimal minet he abstined hefter the remainer are ambalmed ar final disposition; is such written annimal minet he abstined hefter the arrest minet he arbitral hefter the arbitral hefter the arrest minet he arbitral hefter the arrest minet he arbitral hefter the arrest minet he arbitral hefter the arbitra FUNERAL DIRECTOR: IMPORTANT

	S A BALTIMORE CE	TY HEALTH DEPARTMENT
0		ATE OF DEATH REG. NO. 69 4847
1.	NAME OF DECEASED	12 DATE AND HOUR OF DEATH
	ype or Print TAMES CMITH	C19/69 1 0 0
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where Deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FI	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 20-01
110	BALTIMORE CITY HOSPITALS	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	3 / 4940 EASTERN AVE.	BALTIMORE YES NO
	BALTIMORE , MARYLAND #21224	
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF RIPTH IO AGE (In case)
	MALE NEGRO WIDOWED DIVORCED	lost bishbay) Manths Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRING during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	RETIRED	NORTH CAROLINA U.S.A.
113.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	DAVE	LOUISE
(Ye	Was Deceased Ever in U. S. Armed Forces? s,na arunknown Uf yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	242-10-4813	BCH: RECORDS BALTIMORE, MARYLAND #21224
	18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	00.0000
	(A) IMMEDIATE CA	S A CONSEQUENCE OF:
	heat lailure, aslhenia, elc. Il meons the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	rude Jash Viscogra 2 See
	DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR A	
	rise to the obove couse (A) stating the UNDERLYING CONDITION last. (C).	cestale Redorna Nuean
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	70.6 a responsible (V. N.) 650 cm.
RTIF	WAS PERFORMED X	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 21 C. WHERE DID (If In Baltimore City, give exect location)
CAL	DEAYH Inofily medical examined	office bldg. INJURY OCCUR?
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY DCCUR?
3	IAPPROX.) While At At Work	ile D. X
	22. I certify that (1) (this haspital) ottended the deceased from	2 26 1969 10 5 9 1969
	that (M.(we) last saw the deceased alive on 5 9	19 69 and that In(my) (an) opinion death occurred an the date
	and have god from the causes stored above. (1) (14) (dld) (did not)	the data
	23A SIGNATURE	23B, PATE SIGNED
	Physical Phy	ending Med. Stoff Director Phys. D
	23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS
	JOHN S. COHEN MD.	BALTIMORE CITY HOSPITALS 4940 EASTERN AVE. BALTIMORE, MD. # 21224
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	LEMATORY 24D. LOCATION (City, 16wm, or county) (Stotel
1	2mm 013/69 MA A vous	BALTO MA
25A	MAY 12 1969 256 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MAY 12 1969 1 G20.50 9 30 02	The about age 1/ Inger (38 after my
4.3	100-100 VS 17 17 00	

musery frest -Heretyle Regions

-	1/	BALTIMORE CITY	HEALTH DEPARTMENT					
0	BIRTH NO. 69 484	CERTIFICA	TE OF DEATH	REG. NO.	69 4848			
	(Type or Pant) ALVIN MCNEILL			HOUR OF DEATH	17:05 A.M.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	itulion: residence before admission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	NON, GIVE STREET	MARYLAN	D	15-01 ECITY LIMITS?			
	UNIVERSITY OF MAR	: YLANID	BALTIMO F		YES NO			
b	38 HOSPITAL			HOUN S	T.			
00111	5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	T. 11 / / 10	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
2	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF 8 doing during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote for foreig	in country)	12. CITIZEN OF WHAT COUNTRY?			
To the second	Ma osmat (and as)	_	MARYLANI)	USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
	HARRY MCNEILL	4	188816 H	NOUN				
- 1	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	10 -	- 4	loved sold	726 2404	14.1-6DERALS			
	DISEASE ON CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS	E RENAL FAI	LURE	MONTHS			
	heart loilure, asthenia, etc. It means the disease, injury ar complication which caused deoth.)		CONSEQUENCE OF:					
	ANTECEDENT CAUSES	(B) CHRONI	CONSEQUENCE OF:	ONBARIT	YS VBAR			
	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the	DUE TO, OR AS	CONSEQUENCE OF:	-YL-X-19L/-				
	UNDERLYING CONDITION fast.	(C)		************************	*******			
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	********************	0 ***********************************					
7	194-DATE OF OPERATION 198. CONDITION FOR WH WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1218 PL 214. ACCIDENT WAS UNDERLYING 1218 PL	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED			
4	21A ACCIDENT WAS UNDERLYING 21B PL	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID					
	OR CONTRIBUTING CAUSE OF home Cause of Postart (notify medical examine)	form, foctory, street, offi-	or dbout 21 C. WHERE DID	In the pottimore C	ity, give exact location)			
		JURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?				
	(APPROX) While Work	At Not White						
	22. I certify that (i) (this hospital) attended the	22. I certify that (i) (this hospital) attended the deceased from MAICCH is an Ind.						
		MAYII	1.0		n death accurred an the date			
	and hour and fram the couses stoted above. (1) (We) (did) (did not) vie	w the bady after death.					
	23A. SIGNATURE	Attend	ling Med. St		B. DATE SIGNED			
	23C. PHYSICIAN'S	DEGREE Phys.		off lys.	May 11, 1969			
	CHARLES 19, HARRISON		D. ADDRESS					
	24A. BURIAL CREMATION, 24B. DAVE 24C. NAM	E of CEMETERY of CREM	ATORY 240. LOC	ATION (City)	lown or countyl (Stotel			
	Sund Stylia M	ADVAN	mal m	SINOM	(Store)			
	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR ()	25C FUNERAL PIRECTOR	()	ADDRESS			
	MAY 12 1969 (1828)	C. Jenney,	Marshar	1 / John / C	SSNGILMA			
1	/S 150-REV. 1/1/68							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such mains approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY HEALTH DEPARTMENT
P	69 4849 CERTIFICATE OF DEATH REG. NO. 69 4849
1.	NAME OF DECEASED 11 ST SIMMALS 2. DATE AND HOUR OF DEATH 12 30 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
H	ULL NAME OF OSPITAL OR INSTITUTION, CHE STREET OSPITAL OR LOCATION) A. STATE B. COUNTY A. STATE D. INSIDE CITY LIMITS? YES NO
	E. STREET AND NUMBER GOG CM, E. 19 COUR RA
	SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Honoram du of Homer
13	FATHER'S NAME
1	Rr 11.0 MAHOUSE JECPHIA
15 (Y	Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of service) 3 8 50-16 3
	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMMEDIATE
	ANTECEDENT CAUSES MAMMMAL TO CHUMME QUE, 2 TO WORKER MONDO
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last. (C) POND MAN THE CONDITION Last.
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL (A).
CIBITOR	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AI CER	J [21A, ACCIDENT WAS UNDERLYING ☐ 21B, PLACE OF INJURY (e.g., in or obout [21C. WHERE DID (If in Boltimore City, give exact location) lome. form. foctory, street, office bidg., INJURY OCCUR?
AAEOL	OF INITIAL
	22. I certify that (I) (this haspital) attended the deceased fram 4-30 19 1 ta 19 19 19
	that (1) (we) last saw the deceased alive an
	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE Attending Med. Shaff Phys. Director Phys. D
	23C. PHYSICIAMS NAME (THE CONTROL OF THE CONTROL OF
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMONATORY 24D. LOCATION (City, town, or county) (Stote)
2	54. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	MAY 12 1969 1 (2000 E. Farber) Aphille & p-Hay 638 2 gin 14

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VS 150-REV. 1/1/6B

EXAMINER

MEDICAL

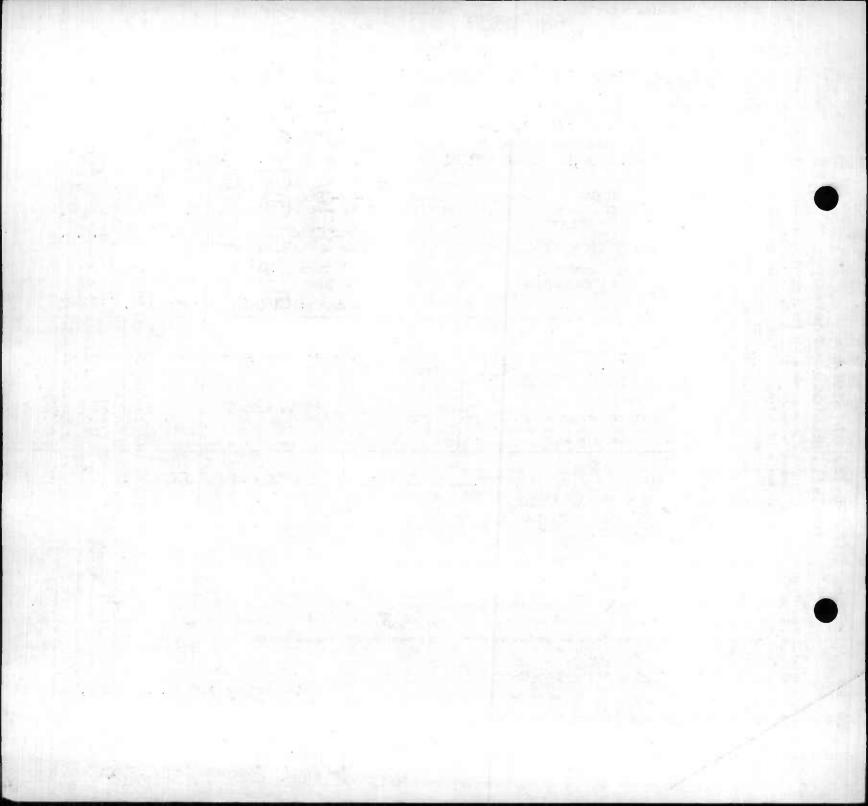
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BALTIMORE CITY HEALTH DEPARTMENT 1950

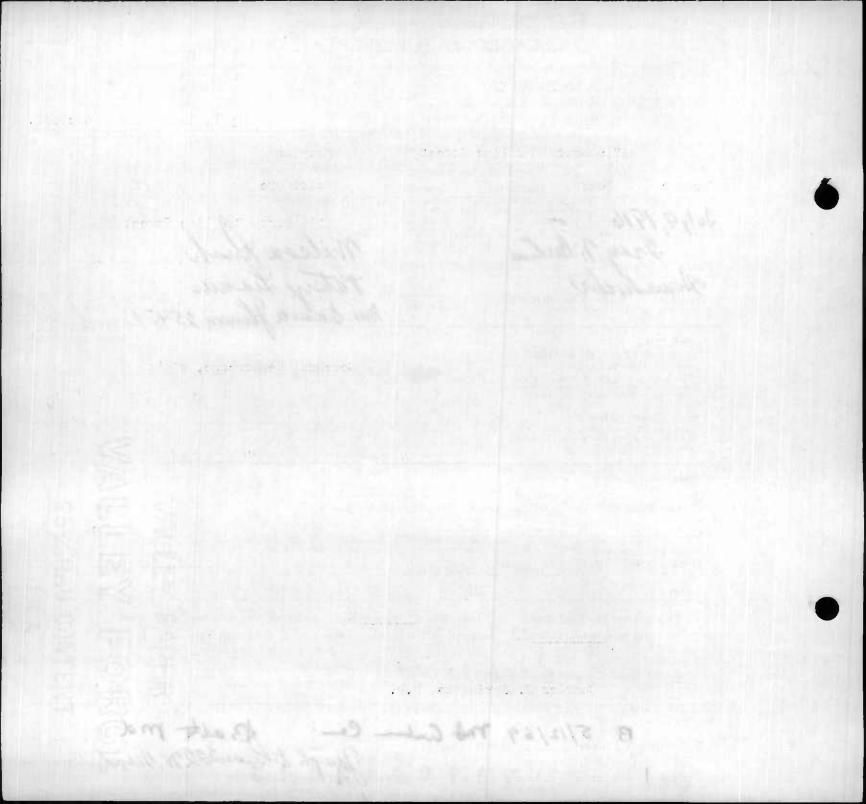
BIRTH NO.	1702774	400	CERTIFICA	TE OF DEATH	REG. NO.	90.73
1. NAME OF DECI	EASED	1. 1		2. DATE	AND HOUR OF DEATH	
K	RK 2 Sopi	SIA L	aurise	MA HOUAL DESIDENCE	94 4 11010	A.M. M
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased lived. If in	stitution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	I	18-75
IA CTITITIONI	Baltimore City Hospitals				D. INSI	YES X NO
21 49	940 Eastern A	venue		Baltimore E. STREET AND NUMBE	R	
D Ba	altimore, Mary	land	21224	4722 Wakef:	ield Road	21216
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
Female	Negro	WIDOWED		1-27-1964	5	
	JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY
				Maryland		U.S.A.
13. FATHER'S NAM				14. MOTHER'S MAIDEN		
	Lawrence				orsey	
(Yes, no ar unknown)	Of yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT	1010 7	ADDRESS
		000	96	Records:BCH	4940 Eastern	Ave. 21224
18. E 84	3 X I	88	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIE LEADING TO DEATH	RECTLY	1 2)		21/2
(This daes n	at mean the made of	dying, e.g.,	DUE TO OR AS	A CONSEQUENCE OF:	movevs	
	asthenia, etc. It means plication which caused		** Z			
	ANTECEDENT CAUSES	A.	30 45	- 90 BURA		35 Days
DISEASES C	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	V	77
	abave cause (A) G CONDITION last.	stating The	S(C)			>
	11	- 3	3 8			
O THE SIGNIF	ICANT CONDITIONS CO	NTRIBUTING		Will SIT	25	- 3
II DISEASE OR C	H BUT NOT RELATED TO THE ONDITION GIVEN IN PARTION 1198. CON	T1 (A).	To the second second	1200 0000000000000000000000000000000000	Mail 208 tr vec 14585	TINDINGS CONSIDERS
I DATE OF	WAS PER	ORMED		NO ME	No. 208. IF YES, WERE I	
U 21 A. ACCIDEN	NT WAS UNDERLYING		KIN GRAFT	n or obout 21 C. WHERE DIS	O (If in Baltimor	e City, give exact facation)
	TING CAUSE OF medical examiner	hom etc.	ne, form, factory, street, o	fice bldg., INJURY OCCUR	11 / 1 1 1 1 1	20-01
O 21D. TIME	(Manth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	6-70
S OF INJURY	3 29 64	8:45 Wh	ile At Not While	· Klay	eng with	matikes
22 1	that (1) (this hospital	. 4		4/2	nightener	Sugaron pla
	last saw the decease		-10	19 64 000	1 that in (my) (my) ani	nion death accurred on the date
			1-	iew the bady after dea		mon death accorred on the dan
23A. SIGNATU		ed 000ve. (0	new the body offer dea	m•	23B. DATE SIGNED
	A ATTAIL	Ina	Phys	nding Med.	Staff Phys.	5/4/69
23 C. PHYSICIA NAME (T		1	GEOREE			Baltimore, Maryland
S78	WEN J.	FRIE	-DMAN MO	BACTIMONE		PITAL
24A. BURIAL CREA	MATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 240	LOCATION / (Ci	ity, town, of county) (State)
Durial	3-17-1	9 130	Ultimore heter	ral Cember 3	501 Frederick a	w. sate, mil
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	250 FUNERAL MIREC	FOR MILES M	MA 94 AUDRESS



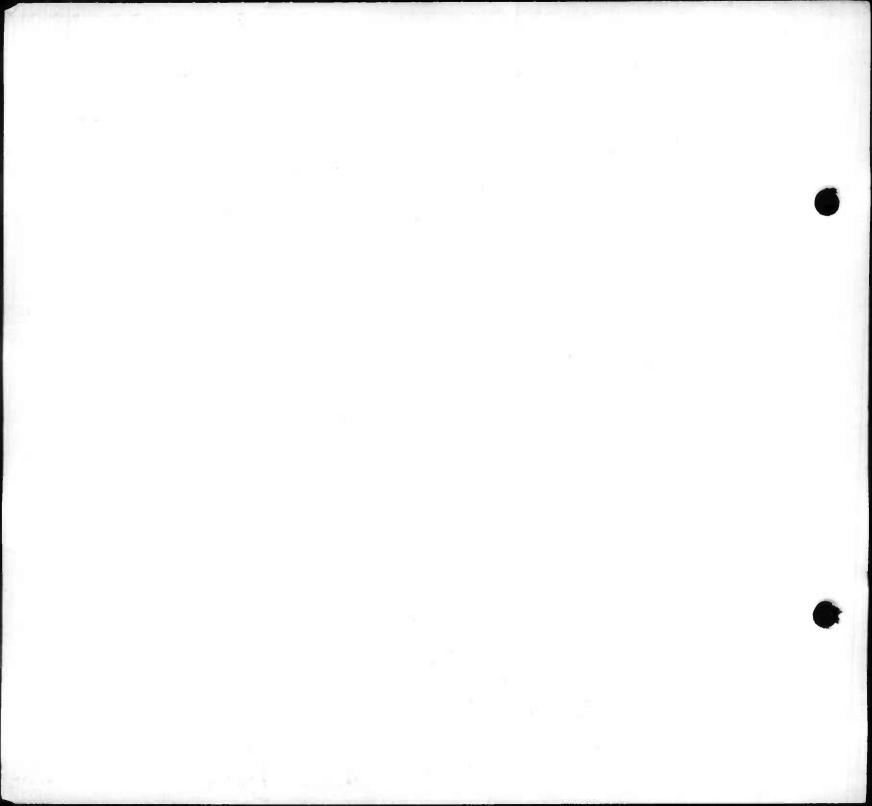
69 4851 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

RI	RTH NO.		MLD	ICAL	LA	MMINING C	SEK III	ICATE OF	DEA	REG. NO	D		
	NAME OF DEC	FASED					2. DATE	Knawn 🗋	Month	Day	Year	Hour	
(Ту	pe ar Print)	-7102-	MARII	E DAV	IS		OF DEATH	Estimated					М.
4.	PLACE IN BAL	IMORE, MA	RYLAND, W	HERE PR	ONO	UNCED DEAD	3. DATE		Manth	Day	Year	Haur	
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				N, GIVE STREET		DUNCED DEAD	May			10:	M	
	00	1216	North	Caro:	lin	e Street	A. STATE	Maryland	e deceased l	B. COUNTY		16 -	() /
6.	SEX	7. RACE		B. MARRI	IED [NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMITS?		
	Female	Neg	gro	WIDOW	ED	DIVORCED [Baltimore			YES X	NO 🗌	
9.	DATE OF BIRTH	011	10. AGE (Ir last birthda		II Un	der 1 Yr, If Under 24 Hrs. is Days Haurs Min.	E. STREET	AND NUMBER					
9	14/44/	914	52			1751 05	10 FATHE	1216 Nort	h Car	oline S	treet		
111.	BIRTHPLACE (S	rate or lareig	h. Car	lina		THAT COUNTRY?	IS. FATHE	R'S NAME	Horse	th)			
14/	A.USUAL OCCU	PATION (Give	e kind of work en if retired)	14B. KIND	OF B	USINESS OR INDUSTR	15. MOTH	ER'S MAIDEN NA	ME				
	House	hold	w				Tu	issu 2	ean	w			
	. WAS DECEASI es, na ar unknawn)					17. SOCIAL SECURITY NO.	mes of	MANT	House	20 157	ADDRESS)		PI
-	19.	a				CAUSE OF DEA	тн	January State of the state of t	Wines	11 227		APPROXIMATE I	
	DISEAS	OR COND	ITIO N DIRE	CTLY							loc.	WEEK ONSER	AITO DEATI
		LEADING TO	DEATH					rebral hem	orrha	ge, rig	ht		
	heart failure	at mean the asthenia, etc. aplication which	. It means the	disease,		DUE TO, OR	AS A CONSE	QUENCE OF:					
		NTECEDENT	CALISES										
	DISEASES	OR CONDITIO	ONS, IF ANY			(B) DUE TO, OR	AS A CONS	EQUENCE OF:					
_	IINDERLYIN	ABOVE CAL	ON LAST.	TING THE		(c)					1 5		
Ó			II			\\/_/**********************************							0000000000
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMI	INAL								
Z Z	20A. DATE OF					WHICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes	ar Na)
Ö	0/											Yes	
CAL	UNDERLYING		TRIB-		22B. P hame,	LACE OF INJURY(e.g., farm, factory, street, affic	in ar abaut e bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Baltim	are City, give	exact lacation)		131
MED	UTING CA		TH. (Year	r) (Haur) 22	E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	CUR?			
	OF INJURY (APPROX.)				W		WHILE						
	23.						ET.						
		ify that I h		nquiry ∟ kz]			tapsy X	and that on t					
	result	ed from: N		ses A	Ac	cident Suici	de ∐ i	domicide		ined monne	r []		
	ACTUAL SIGNATI	JRE (my	8).	. <	2 Telmin	AS:	SISTANT MEDICAL		িবল		DATE SIG	NED
	EXAMIN NAME (T	ER'S (Charles	s S. S	Spr	ingate, M.D.		OCIATE MEDICAL	EXAMINER		ay 8,	, 1969	
	A. BURIAL CRE/	MATION, 2	4B. DATE	-	240	NAME of CEMETERY	ar CREMA	FORY 24D.	LOCATIO	N (City, to	own, or county	y) (St	late)
		B	5/12	169		no auto	- C	•	130	elte	md		
25	A. DATE REC'D	BY HEALTH	DEPT. '	258. N	AME	OF REGISTRAR	M 125C	FUNERAL DIRECT		222m	ADDRESS MAN	to as	ne.
1/5	151-REV. 1/1/6E	MAIL	7 1202	1000	الما الما	3 9 0 5	fi		3		- 100-00		
4.0	191-KL4. 1/1/00												



69 4852 d	RTIFICATE OF DEATH REG. NO.	69 4852
BIRTH NO. 1. NAME OF DECEASED	KTIFICATE OF DEATH	
(Type or Print) MOSES JOYNER		69 1 840 8 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	AD 4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, (INSTITUTION) (IF NOT IN HOSPITAL OR INSTITUTION, (INSTITUTION)	E STREET MD /	ISIDE CITY LIMITS?
20 WIV. HOSP	JESSUP	YES 🔀 NO 🗌
08	E. STREET AND NUMBER RY 2 Box 240	
5. SEX 6. RACE 7. MARRIED WINEVI	(lest bishday)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE	VORCED 1-30-20 49	
done during most of working life, even if retired) Caben ev Gas + U		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert Soyner	May Bornes	
	TY NO. 17. INFORMAN	ADDRESS
No. 579-	16-3501 Mrs. Addie Jauner à	240 Lincoln Dri
DISEASE OR CONDITION DIRECTLY	SE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	AMEDIATE CAUSE CARDIAC AREST	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury ar complication which caused death.)	UE TO, OR AS A CONSEQUENCE OF:	**************************************
ANTECEDENT CAUSES	DIAMOTOS MELLINIS ZI	Acisine MANN YRS
DISEASES OR CONDITIONS, if ony, giving	UE TO, OR AS A CONSEQUENCE OF:	1011194 713
rise to the above cause (A) stating the UNDERLYING CONDITION tast.		
11	611	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199ADATE OF OPERATION 1998 CONDITION FOR WHICH O	@ASHD C. H.F.	Sereul Yrs.
WAS PERFORMED GONCHARD (L) (CE	ATION 20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NJURY (e.g., in or obout 21 C. WHERE DID ory, street, office bidg., INJURY OCCUR?	ore City, give exect location)
210-TIME (Month) (Doy) (Year) (Hous) 21E INJURY		
(APPROX.) While At	Not While At Work	
22. I certify that (I) (This hospital) attended the decea	THE THE PARTY OF T	V/8 19
that (i) (we) last saw the deceased alive on		inlan death occurred an the date
and have and from the causes stated abave. (1) (W)		Grand on ing dale
23A. SIGNATURE	140	238 DATE SIGNED
DACHMULE	Attending Med. Staff Phys.	5-8-69
23C. PHYSICIAN'S NAME (Type)	A 23D. ADDRESS	^
SCHLOSSBER 24A. BURIAL CREMATION, 24B. DATE 124C. NAME of G	DEGREE UNIV HOS	1.
KEMOVAL (Specify)	ETERY OF CREMATORY 24D. LOCATION (C	City, town, or county! (Stotel
DUKIA 5-12-69 CARVE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTI	Tem. Park Laurely	MARYLAND
MAY 12 1969 9 6 9	P 20 Michon's Dyett F. +1	1901 In I DENS
VS 150-REV. 1/1/68	110000000000000000000000000000000000000	1101 AHURUA

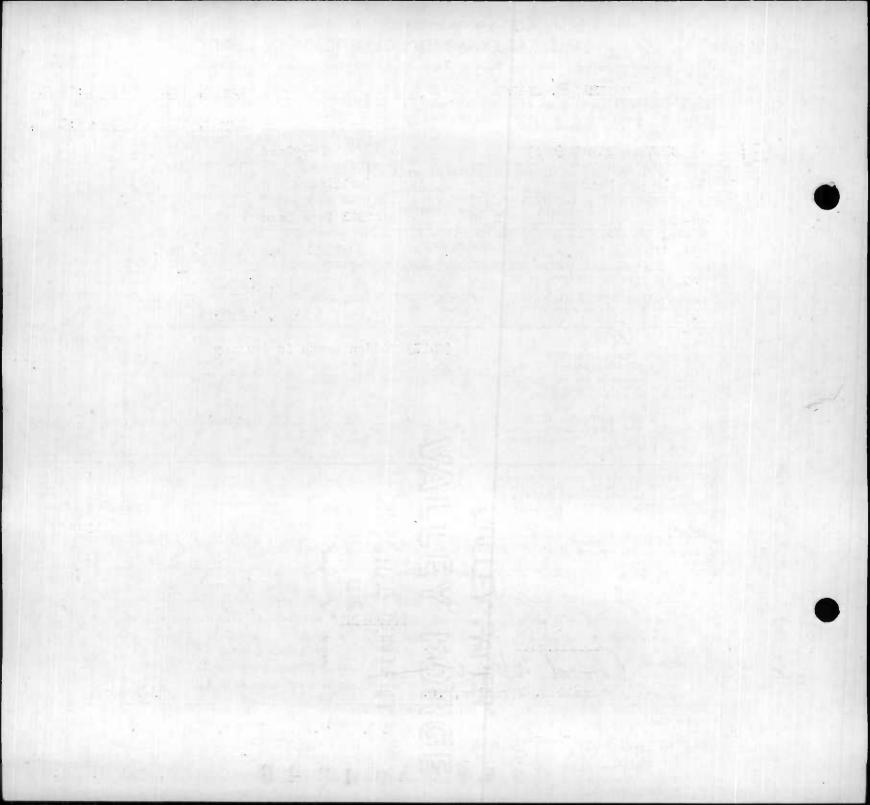


T-460

69 4853 BALTIMORE CITY HEALTH DEPARTMENT

69

7	BIRTH NO. 69-04015 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	4803
	1. NAME OF DECEASED A	The state of the s	eor Hour
	(Type or Print) THEIMA TAYLOR	OF DEATH Estimoted May 9, 1969	8:18 A.M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	* *	eor Hour
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 9, 1969 5. USUAL RESIDENCE (Where deceased lived. If institution: reside	8:18 Au
1	CITY HOSPITAL (DOA)	A. STATE Maryland B. COUNTY all	Co 53.0
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED X Female Negro WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIM YES	NO
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min. 2	E. STREET AND NUMBER 2523 Pope Lane	
	11. BIRTHPLACE(Stote or foreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?	Willie G. Taylor, Sr.	
	14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY		
	done during most of working lile, even if retired) N/A	THELMA E. BROWN	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) N/A	WILLIE G. TAYLOR, SE	ame
	CA) IMMEDIATE COUNTION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart latitude, asthenia, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	udden death in infancy AUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	
ì	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. A	AUTOPSY? (Yes or No)
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		yes
	228. PLACE OF INJURY (e.g., home, form, factory, street, office uting Cause of Death.	in or obout 22C. WHERE DID (If in Boltimore City, give exact local to bldg., etc.)	tion)
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	WHILE 22F. HOW DID INJURY OCCUR?	
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5/9/	date signed
	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5-17-69 Springfld B	.C. Cem. Keysville, Va.	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT FUNERAL ADDRESS BALL ADDRESS BALL BALL BALL BALL BALL BALL BALL BA	
	VS 151-REV, 1/1/68		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

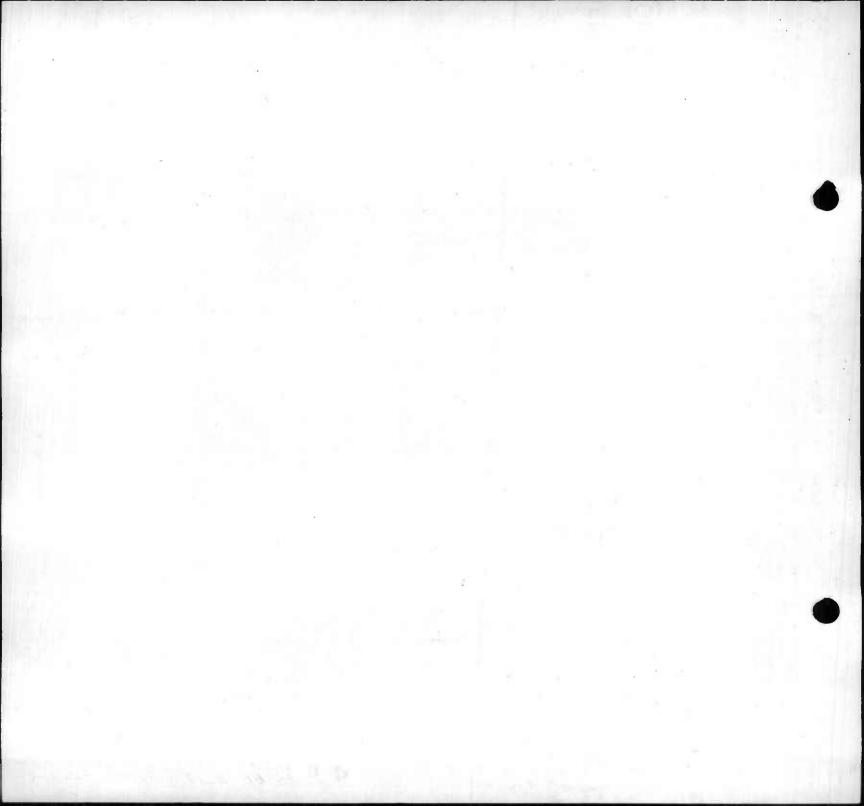
VS 150-REV. 1/1/68

BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 4854						
BIRTH NO.	CERTIFICA	ATE OF DEATH REG. NO.	05 4804			
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH				
(Type or Print) ESTE:	LLE A. RIVERS	May 8, 1969	M.			
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)			
FULL NAME OF (IF NOT IN HOS	PITAL OR INSTITUTION, GIVE STREET	MARYLAND	15-09			
HOSPITAL OR ADDRESS OR LO	CATION		DE CITY LIMITS?			
		BALTIMORE E. STREET AND NUMBER	YES NO			
00 2012 N.	Payson Street	2012 N. Payson Street				
6. SEX 6. RACE	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.			
Female Negro	WIDOWED DIVORCED	9-14-1910 last birthday) 58	Months Doys Haurs Min.			
INA. USUAL OCCUPATION (Give kind of w	ark 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
done during mast of working life, even if retired Custodian	School System	Durham, North Carolin	u.s.A.			
13. FATHER'S NAME	SCHOOL SYSTEM	14. MOTHER'S MAIDEN NAME	0.0.5.			
Ernest Male	++0	Lillie Hopkins				
		17. INFORMANT	ADDRESS			
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give war ar d	ates of service) SECURITY NO.		12 N. Payson St			
No.	CAUSE OF DEA		APPROXIMATE INTERVAL			
18412,51		$\Lambda < II $	BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE						
(This does not mean the mode	of dying, e.g., DUE TO, OR A	S A CONSEQUENCE OF:				
heort failure, asthenia, etc. It med injury or complication which cous						
ANTECEDENT CAUS						
DISEASES OR CONDITIONS, i	7. 3 3	S A CONSEQUENCE OF:				
rise to the obove couse (A	A) slating the (C)					
11	(0)					
O OTHER SIGNIFICANT CONDITIONS						
TO THE DEATH BUT NOT RELATED TO	PART 1 (A).					
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH			
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTERVIOR	111	e City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (natify medical exomination	hame, farm, factory street,	, in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?				
0	MA	21F. HOW DID INJURY OCCUR22				
S OF INJURY	A While At All Mi	A	. /			
(APPROX)	Wark L /AYYar	100	c/ /10			
22. I certify that (1) (this hospi	tol) ottended the deceased from	10 (3) 19 (0 to	5/1/0719			
that (I) (lost sow the deced	sed olive an	19 69 ond that in (my) (our) opi	nion deoth occurred on the date			
	toted obove. (I) (Wa) (did) (did not)	view the bady after deoth.				
23A. SIGNATURE		thending Med. Staff	23B. DATE SIGNED			
/000	OEGREE PI	hys. Director Phys.	3/7/69			
23 C. PHYSICIAN'S NAME (Type)	111-TO M)	23D. ADDRESS 7 711 2011	1 7/7//			
U, KH	V V V) DEGR	CCLJW, POOC	01016			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		ity, tawn, ar county) (State)			
Burial 5-12-	-69 Arbutus Memo	rial Park Baltimore,				
25A. DATE REC'D BY HEALTH DEPT.	1 25BL NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
Mari 7.7 (362	Violetti, Saile	CORTON & DYETT F.H.	1701 Laurens St			

A.S. H. D. 1. 18/2 John 10 222 To. Moth

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

69 4855	BALTIMORE CITY H	EALTH DEPARTMENT	/	69	1855				
CERTIFICATE OF DEATH X REG. NO.									
I. NAME OF DECEASED (Type or Print)	Dolan		HOUR OF DEATH	0	400				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	USUAL RESIDENCE (Whole		stitution; resi	dence before odmission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION		Mary/24	1 17 1	Tino	-4. 23-05				
HOSPITAL OR ADDRESS OR LOCATION)	HOSPITAL OR ADDRESS OR LOCATION) NISTITUTION			DE CITY LIMI	TS?				
Ashburton House	Ashburton House			YES	NO A				
. 1 2 -30 H. /Tan Rd		5631 UTrechT Road							
	INEVER MARKIED		. AGE (In years ost birthday)	If Under 1 Months D	Yr. If Under 24 Hrs. oys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BU	DIVORCED	. BIRTHPLACE (State of foreign	n country)	12. CITIZEN	N OF WHAT COUNTRY?				
done during most of working life, even il retired)	- /	12-1			21. 5. P.				
13. FATHER'S NAME	en Steel	MOTHER'S MAIDEN NAM	£ 4 &	4	· · · · · · · · · · · · · · · · · · ·				
My Kyowy		Mar	-y Koon,	15					
	SOCIAL 17	INFORMANT		A	DDRESS				
(Yes, no or unknown) (If yes, give wor or dotes of service) Yes June 24,1918 Mr4Ja, 3:18192	13-09-96631	Ella Tober	5631 217	rec47	Rd.				
6 B. 433,91	CAUSE OF DEATH	2 2 1	. 4		APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	Cl	religible the	rombosi		31111				
(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:									
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	heart failure, asthenia, etc. It means the disease,								
ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF:									
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the									
	rise to the above cause (A) stating the								
UNDERLYING CONDITION Idsi. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHI WAS PERFORMED	O THER SIGNIFICANT CONDITIONS CONTRIBUTING								
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE I	INDINGS C	ONSIDERED				
WAS PERFORMED		No.	IN CERTIFYING CAL						
21A. ACCIDENT WAS UNDERLYING 21B. PL, OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) etc.)	ACE OF INJURY (e.g., in coform, foctory, street, office	or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimor	e City, give e	exact location)				
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. IN	JURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?						
OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, IN While Work	At Work [1000					
22. I certify that (I) (this haspital) attended the deceased fram 5/7 1969 to 6/6 1969.									
that (1) (we) last saw the deceased olive on	5/7	19 69 ond tha	t in (my) (aur) opi	nion deoth	accurred an the dote				
	√e) (alid), (did not) vie	w the bady ofter death.							
and haur ond fram the causes stoted obove. (1) (1) 23A. SIGNATURE PAUL A Retter 23C. PHYSICIAN'S NAME (Type) A Retter 24A. BURIAL CREMAIN, 24B. DATE 24C. NAM									
5 Pallet Ci VIII	Paul Att Motor Meters Phys. Attending P Med. Shaff Director Phys. Shaff Director								
NAME (Type)	23C. PHYSICIAN'S 23D. ADDRESS Q D Balto								
a Kobert H. Neller	/ WI BEGREE	ous camo	nasono	we.	Md, 21228				
	1 1111.0	4.		ty, town, or	county) (Stote)				
Buris/ 5/10/69 Ced		emetery B	2/Timer-		Lry 12 nd				
Buris 5/10/69 Ced. 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF I	A CO CO CO	25C. FUNERAL DIRECTOR	STEVENS F	Fort	AVENUE.				
VS 150-REV. 1/1/68		1.0.07							



FUNERAL DIRECTOR: IMPORTANT	-
NERAL DIRECTOR: IMP	
NERAL DIRECTOR:	200
5	2021 20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

the Deceased and death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo Mrs. Ruth C. Steckman hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) A. STATE B. COUNTY attendance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS cause; 0 0 YEST NO 4500 Dunland Road Baltimore prior E. STREET AND NUMBER contributing occurred 4500 Dunland Road Undetermined is made regular 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. S. SEX 7. MARRIED X NEVER MARRIED deceased Hours lost birthdov Female White WIDOWED DIVORCED Octobet 22.03 65
11. BIRTHPLACE (Stote or foreign country) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY death isposition done during most of working life, even if retired) = Sales Lady Department Store U. S. A. 0 Maryland Was 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the direct 4 Lloyd M. Miller Ann death 0 D kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance 218-36-6336 William G. Steckman 4500 Dunland Road No any CAUSE OF DEATH pronounced 1B. 0 DISEASE OR CONDITION DIRECTLY 50, med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: gular embal heart failure, asthenia, etc. It means the disease, examiner. injury or complication which coused death.) ANTECEDENT CAUSES who re 4 AS A CONSEQUENCE before the remains are DISEASES OR CONDITIONS, if ony, giving DUE TO OF (3) to the obove couse (A) stoting the = physician UNDERLYING CONDITION lost. Was nature; (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION where the O WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltlmore City, give exoct location) to the hospital MEDICAL DEATH (notify medical examiner) approved by obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) 21F. HOW DID INJURY OCCUR? (Hour) 21E, INJURY OCCURRED death); and (6) (except While At Not While | (APPROX.) Work At Work any 22. I certify that (1) (this hospital) attended the deceased from Le that (1) (we) last sow the deceased alive on pe hospital and hour and fram the causes stated above. (1) (He) (did) (didner) view the bady after death. was released must accident 23A. SIGNATUR 23 B. DATE/SIGNED Attending Med. Staff 0 Phys. Director written approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An 100 West Cold Spring Lane Chambers Earl DEGREE 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION. (City, town, or county) deceased the body D.0 REMOVAL (Specify) shows: Baltimore, Maryland DUTIAL 5/12/69
2SA. DATE REC'D BY HEALTH DEPT. | 2SB. New Cathedral Cemetery SD ADDRESS 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Byers

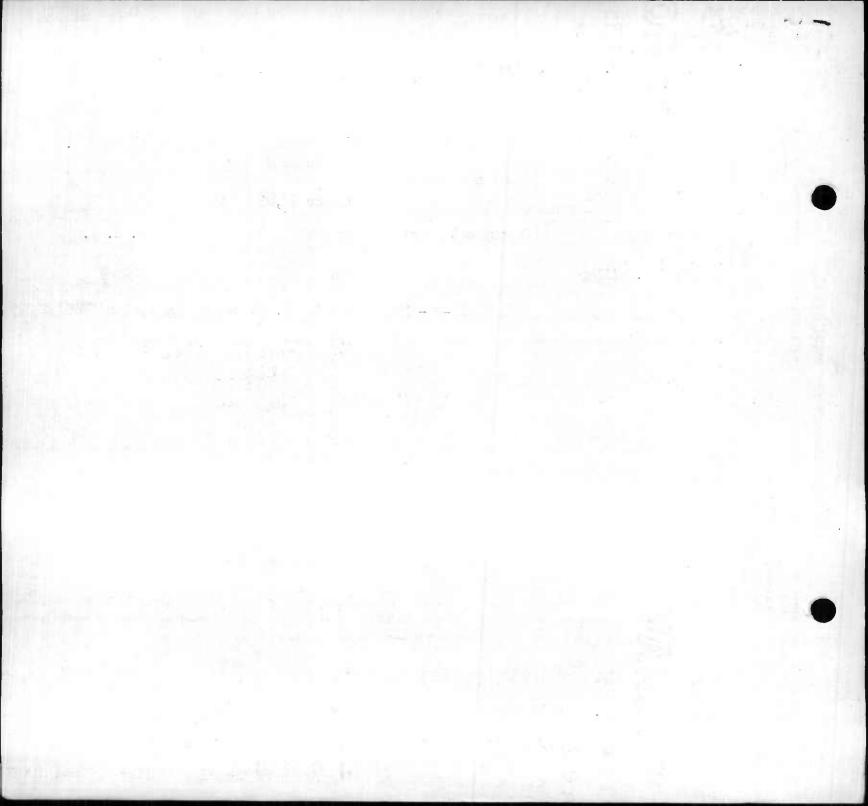
BIRTH NO If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH ond that in (my) (our) apily an death occurred on the date Chapel 8728 Liberty Road 21133 VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

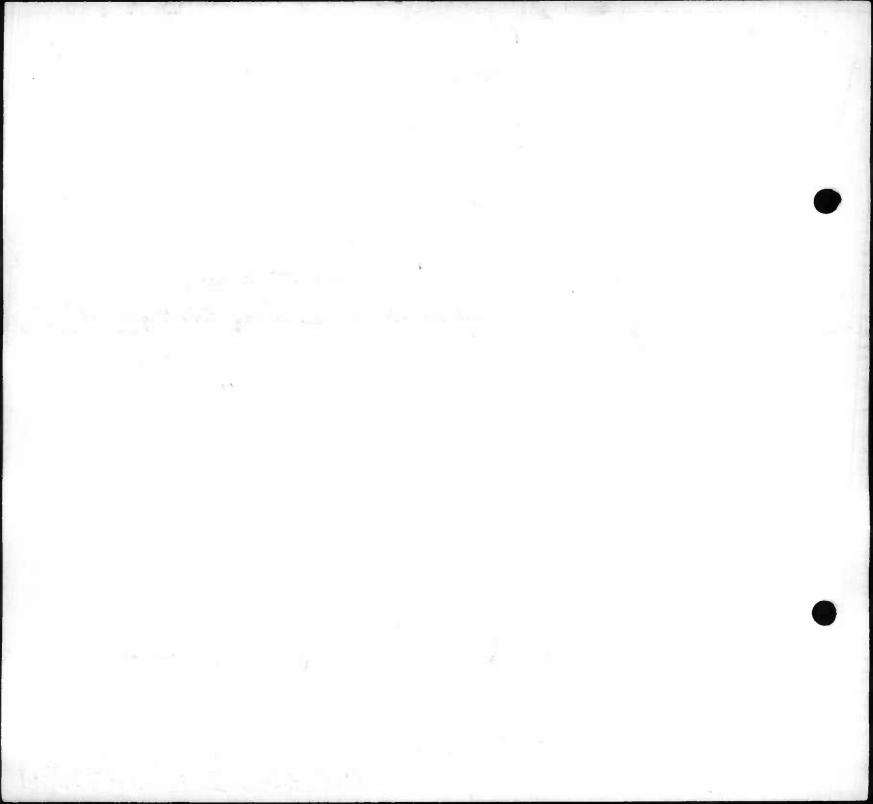
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REG. NO.



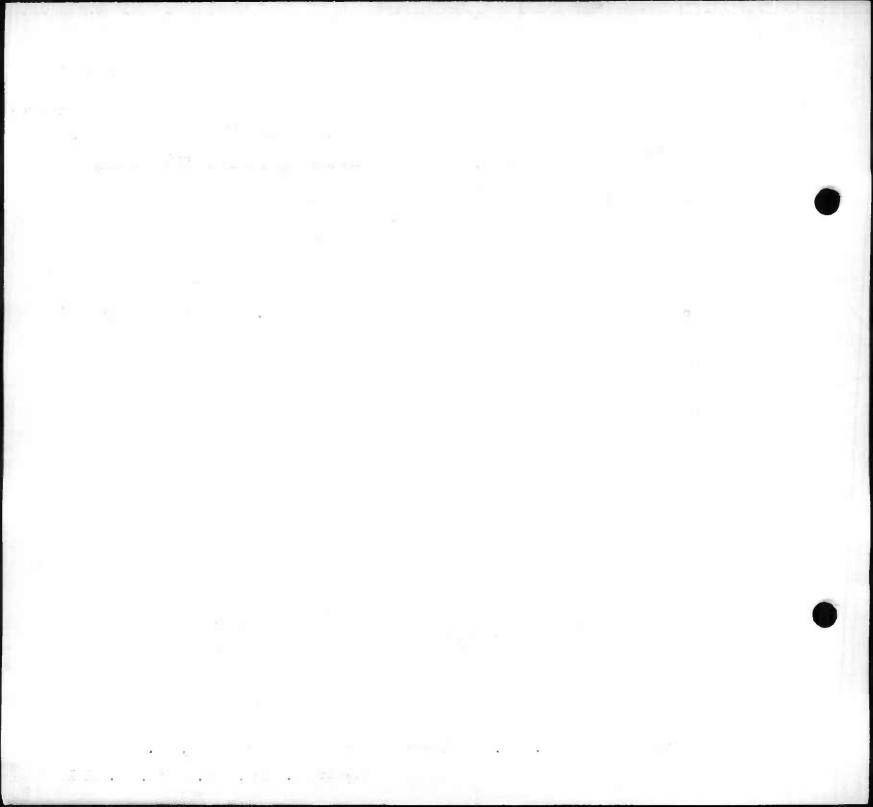
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1	proved by the chief medical examiner or his assistant if death occurred in a hospital and	ath die	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such		
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	igsor	se o	(5) D	ance	deat		
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	m et	s rel	1 acci	at a t	ior to	oval	
	This certificate must be appr	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	(I) Ar	J.A. c	d pr	written approval must be obtained before the remains are embalmed or final disposition is made.	
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	Th	the	she	W	de	3	

69 4857)	HEALTH DEPARTMENT		69 4857			
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 4007.			
1. NAME OF DECEASED Charlotte Rr	UTIS	2. DATE A	ND HOUR OF DEATH	1211 Pu			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE INT	nere deceased lived. Il in:	stitution: residence before odmission			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		1 1 1 1	lto	DE CITY LIMITS?			
20 University Hos	spital.	Ralto	D. 114511	YES NO NO			
38	9	E. STREET AND NUMBER 562	zhard St				
WIDOWED	DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT COUNTRY?			
House		Md.		ll S.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME				
Honry Hayman		Janett	Elzen				
(Yos, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	20-18-3738	Emma Ba	len 5626	rehard St Bullon			
18.	CAUSE OF DEATH	4		BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	au A days						
(This does not meon the mode of dying, e.g., heart follure, osthenia, etc. It meons the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE (C) COYAL MISLIMORY TO COUNTY TO C							
ANTECEDENT CAUSES CHOMOS & PONTO TO - FRONTAL MODEL							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	***************************************						
OVER CONTROL OF CONTRO							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION WAS PERFORMED WAS PERFORMED	****************						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH		20A. AUTOPSY? (Yos or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
	CE OF INJURY (e.g., in	or o bout 21 C, WHERE DID	(I) in Ballimare	City, give exoct locotion)			
DEATH (notify medical examined etc.)	arm, foctory, street, alli	ce bidg. INJURY OCCUR?	pr in Dominare	Chy, give exact loconon)			
S OF INJURY	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
(APPROX.)	At Wark			. 1			
22. I certify that (I) (this haspital) attended the deceased fram 5/1/69 19 ta 5/5/69 19							
that (1) (we) lost saw the deceased alive an 5/5/67 19 and that in(my) (aur) opinion death accurred on the date							
and haur and fram the causes stated above. (I) (We) (did) (did nat) view the bady after death.							
23A. SIGNATURE	/ D Atten	ding Med.		23B, DATE SIGNED			
23 C. PHYSICIAN'S	DEGREE Phys.	LJ Director LJ	Staff Phys.	5/5/67			
NAME (Type	MD	3D. ADDRESS					
24A-BURIAL GREMATION, 124B, DATE 124G, NAME	OF CEMETERY OF CREA	MATORY HOS	LOCATION (City	town as county (State)			
24A EURIAL CREMATION, 24B. DATE 24C. NAME	1/1		· A	town, or countyl (Stotel			
	D MESIEU	25C. FUNERAL DIRECTO	incess An	68 Chappress St.			
MAY 12 1969 (1/2)	ica, various	William H.Jo	IMPSILL PH	incess Anne, Md			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		69	4	858	BALTIMORE CITY			X REG.	NO	69	1858
	RTH NO.	100			CERTIFICA	IE OF	DEATH	NEO.		<u> </u>	7000
	pe or Print)	cor !	GER	SYU	ella E,			ND HOUR OF	DEATH	18	4
3.	PLACE IN BALTI	MORE MARYLAND, W		HOUNCE		4. USUAL R		ere deceased li	ved. If instit	ution: residen	ice before odmission)
]] H:	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR IN	NOTUTITE	, GIVE STREET	MICH	B A	1141mon		CITY LIMITS	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
-	2 8						PANCHE WILL TE	Hall		ES 🗍	NO K
	Univ	15 125 17 1	Hosi	20/4/			ND NUMBER	Hicks	Road	xxxxxxxxxx	1
	Q	RACE	WIDOV	/ED 🗍	DIVORCED	8. DATE OF	• · · · · · ·	9. AGE (In ye last birthday)	58 4	Under 1 Yr Nonths Doys	Hours Min.
do	NUSUAL OCCUP	ATION (Give kind of work irking life, even if retired)	108. KIND	OF BUSI	NESS OR INDUSTRY		A CE (State or for	eign country)		12. CITIZEN C	A COUNTRY
13.	FATHER'S NAME		1			14. MOTHER	'S MAIDEN NA	ME			
	mostui	kousk,	Mich.	TAN	(711	sclo.	KINMA	(10 P)		
15.	Woe Deceased E	ver in U. S. Armed For	ces?		OCIAL	17. INFORMA		FIRAA	31012	ADD	DRESS
110	No	f yee, give was as dole	a di servi	S .	ECURITY NO.	Huc	GANCIMI	Harry	Koffer		
	18. /9 9	0.1			CAUSE OF DEAT		JANC.	e,	110 T TQ1	APP	ROXIMATE INTERVAL
		OR CONDITION DI	ECTLY							BETWE	EN ONSET AND DEATH
	LEADING TO DEATH										
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)										
	AN	ITECEDENT CAUSES			IN METAST	ATIC	CAIRCIAG	bid		6	465
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION fast. (B) METASTATIC CAICLING OF DUE TO, OR AS A CONSEQUENCE OF:							***********************			
	\V)										
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).										
ERTIFIC,	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPSYZ (Yee of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?										
CAL CE	2TA. A CCIDENT OR CONTRIBUTE DEATH (natify m	WAS UNDERLYING NG CAUSE OF edical exomined		21B. PLAC home, form etc.)	E OF INJURY (e.g., land, factory, street, af	or obout 218	WHERE DID URY OCCUR?	(if in	Baltimare C	lly, give exoc	I locotion)
MEDI	OF INJURY	Manth) (Day) (Yeor)	(Have)		RY OCCURRED		HOW DID IN.	JURY OCCUR?			
<	(APPROX.)			While At Wark	At Wark	· 🗆					
	22. I certify that (1) (this hospital) attended the deceased fram 5-2-69 19 ta 5-8-69 19										
	that (1) (we) last saw the deceased alive an 5 8 69 19 and that In(my) (aur) apinion death accurred on the date										
	and hour and fram the causes stated abave. (1) (We) (did) (did not) view the body after death.										
	Augustin & Alexandren St. 11 and 12 and 13 a					B. DATE SIG	NED				
	Phys. Director Phys. Director Phys.										
	23 C. PHYSICIAN	TIE	NY	A 44		3D. ADDRESS		4. 1	1000 4		
24/	BURIAL CREMA	ATION, 248, DATE	240	NAME	DEGREE CEMETERY OF CRE	MATORY	LIVERS	OCATION	10564	A	fates 2) fulle
	Burial	5/12/6			111111111111111111111111111111111111111		240. [•	own, or cour	nly) (Stote)
25/	DATE REC'D BY			LE OF REG	anislaus Ce		FRAL DIRECTO	Baltimo	re, ma		DDRESS
	14.47	1 2 1969	7 2	5	7 W OM	Lebna	kd J. K	ick, Inc	. Balt	o. Md.	21214
VS	150-REV. 1/1/68	112 000	A FREE		The state of the last						



B-652

69 4859 BALTIMORE CITY HEALTH DEPARTMENT

BII	MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REGINO.	59					
	NAME OF DECEASED	2. DATE Known St Month Doy Y	eor Hour					
(Ty	pe or Print)	OF TAN						
1	NELLIE BURNS	DEATH Estimoted 5 8 69	4:49					
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Y PRONOUNCED DEAD	eor Hour					
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	May 8.	1969 4:49p					
OR	INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: resid						
1	T 1 77 1 77 1 1 7 7 1 7 7 1 7 7 1 7 7 7 1 7	A. STATE B. COUNTY	11 1 =					
1	Johns Hopkins Hospital D.O.A. SEX 7. RACE B. MARRIED TO NEVER MARRIED TO	Maryland	(0-)					
0.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIN	1115?					
	Female White WIDOWED DIVORCED	Balto. YES	NO 🗌					
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER						
Tr	eb. 3, 1889. lost birthdoy) Months, Doys, Hours, Min.	2011 - 1 - 1						
-		3914 Southclare Rd.						
111.	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME						
	Maryland WHAI COUNTRY?	James Burns						
144	.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME						
don	e during most of working life, even if retired)							
_	Homemaker	Mary LaLott						
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRES	-					
1	s, no a runknown) (If yes, give wor or doles of service) 216-5123A	Mrs. Ethel Gannon, Lutherville,	Md.					
	19. / / CAUSE OF DEA	TH .	APPROXIMATE INTERVA					
	410,41		BETWEEN ONSET AND DE					
	DISEASE OR CONDITION DIRECTLY Arterio	osclerotic cardiovascular disease						
	LEADING TO DEATH	CAUSE						
	(A)IMMEDIATE CAUSE [This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:							
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
	ANTECEDENT CAUSES (R)							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:						
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Z	(C)							
CERTIFICATION	II .							
X	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		12-12					
문	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
E	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED [2]	AUTOPSY? (Yes or No)					
英	CONDITION FOR WHICH OFERATION W	M3 FERFORMED 21. /	AUTOPSTY (165 OF NO)					
11			No					
X	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct loco home, form, foctory, street, office bldg., etc.) INJURY OCCUR?							
18	UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?							
<u> </u>	UTING CAUSE OF DEATH.							
1	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?						
	(ADDROV)	WHILE VORK						
	23.							
	Certify that I held an Inquiry Inspection XX Autapsy and that an this basis, death in my opinion							
	resulted fram: Natural causes XX Accident Suicide Homicide Undetermined manner							
	CHIEF MEDICAL EXAMINER							
	ACTUAL / July / Clark	ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
	SIGNATURE MAN M.D.	·						
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	1066					
_	NAME (Type) Ronald N. Kornblum, M.D.		, 1969					
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		ounty) (Stote)					
KE	MOVAL (Specify) 5/12/69. Holy Cross Ce	emetery Baltimore, M	d.					
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRES						
	1969 100 a county	Leonard J. Ruck, Inc. Balto.	Md - 51514					
	A GOA WILLIAM	14 8 5						
V5	151-REV. 1/1/6B							

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	This certificate must be appro	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such N.
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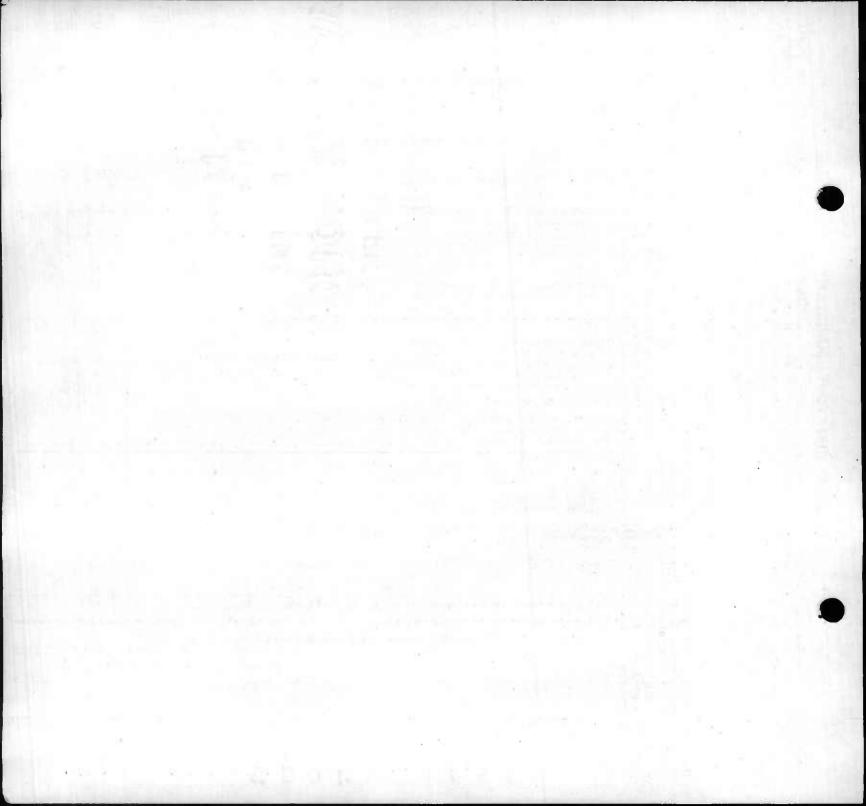
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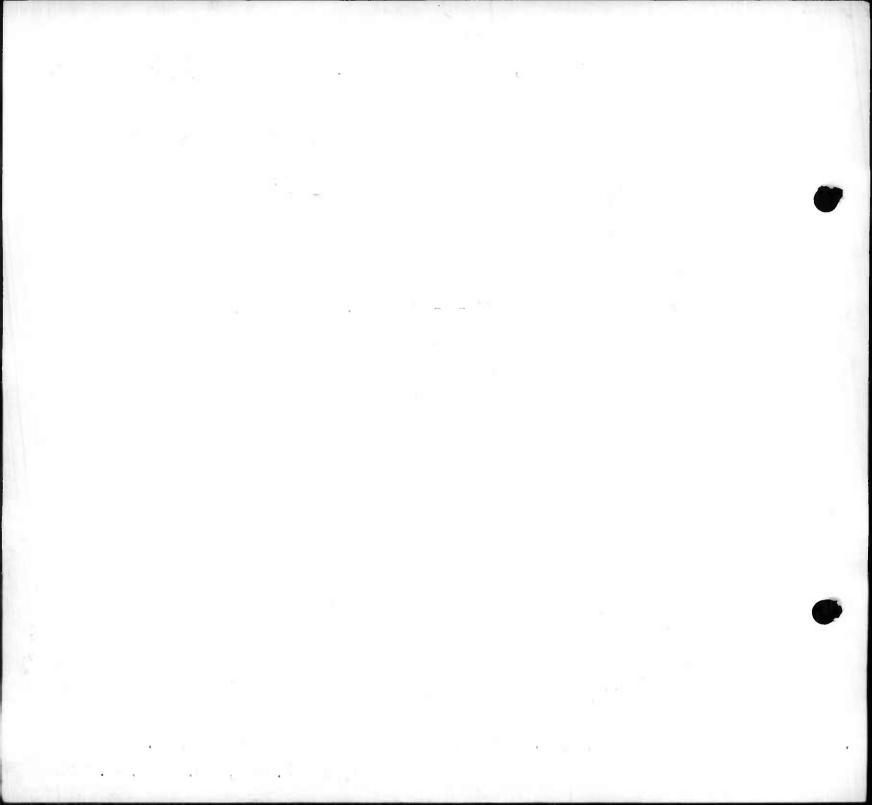
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD BARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS BALTINWRE YES 7 NO CINION MEMORIAN HOSP E. STREET AND NUMBER 3029 WEAUER AVE. disposition is made. 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. S. SEX MARRIED NEVER MARRIED Hours lost birthday MAUP WHITE 10-06-00 GP WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Accountant MARYLAND INSA GERMA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN LINIC BASCHNAGUE BARBARA 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS or final 212-03-7981 Mrs. Grace 0. (Same) No CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) DEATH (notify medical examiner) MEDIC 21D. TIME OF INJURY obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from AA 69 that (1) (we) last sow the deceased alive on. and haur ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth. must 23B. DATE SIGNED 23A, SIGNATURE GE GREE Attending Med. approval 23C. PHYSICIAN'S NAME (Aype) 23D. ADDRESS ME MURIAL UNION 14375 24C. NAME of CEMETERY OF CREMATORY was D.O.A deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore, Md. 5/12/69 Parkwood Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

ond that in (my) (our) opinion death occurred on the date Leonard J. Ruck, inc. Balto. Md.



6	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 4861					
	1. NAME OF DECEASED DEMOSS HOME	2. DATE AND HOUR OF DEATH	124017			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEED	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY	before odmission)			
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN, D. INSIDE CITY LIMITS?	58			
disposition is made.	Union Memorial Hash	E. STREET AND NUMBER	NO D			
	5. SEX 6. RACE A P P MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 90. 9. AGE (In yeota 1/2 Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.			
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Retired Auto Business	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF USA	WHAT COUNTRY?			
Isposi	13. FATHER'S NAME DE MOSS	14. MOTHER'S MAIDEN NAME PROCESS BE	ans			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes; 10 or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	17. INFORMANT ADDRI	SS			
Bull	No 216-32-7511	Mrs. Bernardine A. DeMoss (Sa	me)			
0	DISEASE OR CONDITION DIRECTLY ACUTE RESPONSE		XIMATE INTERVAL			
E	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUS	SE CONSEQUENCE OF:	Chours			
BOLL	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	obstructive airway M	Many 8			
s are	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	CONSEQUENCE OF:	Hear			
remain	11	forma of lider ?				
e rne	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [7] 21B. PLACE OF INJURY (e.g., In	20A-AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSTI	DERED			
Deror	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affined the contribution of the	or obout 21C. WHERE DID (If in Boltimore City, give exact leading) INJURY OCCUR?	ocotion)			
Deur	21D. TIME (Month) (Doy) (Yeorl (Hour) 21E. INJURY OCCURRED While At Wark	21F. HOW DID INJURY OCCUR?				
100	22. I certify that (I) (this hospital) attended the deceased from	- 30 1969 to 5-9	1969			
0	that (I) (we) lost sow the deceosed alive on	19 6 4 and that In(my) (our) opinion death accu	rred on the date			
5	and hour and fram the causes stated above. (1) (We) (did) (did nat) via					
	F. Sternston Attendary	ding Med. Stoff Director Phys.	69			
abbroad	23C. PHYSICIAN'S TRIOPUSSON 23	and Memoria	Hasp			
מם מם	24A. BURIAL CREMATION, REMOVAL (Specifyl Burial 5/13/69. Fork Methodist Center of CREMENT STATE	tering of coolings	(Stote)			
		25C. FUNERAL DIRECTOR. ADD. Md. Inc. Balto. Md.	21214			
1	VS 150-REV. 1/1/6B					



death) hospital

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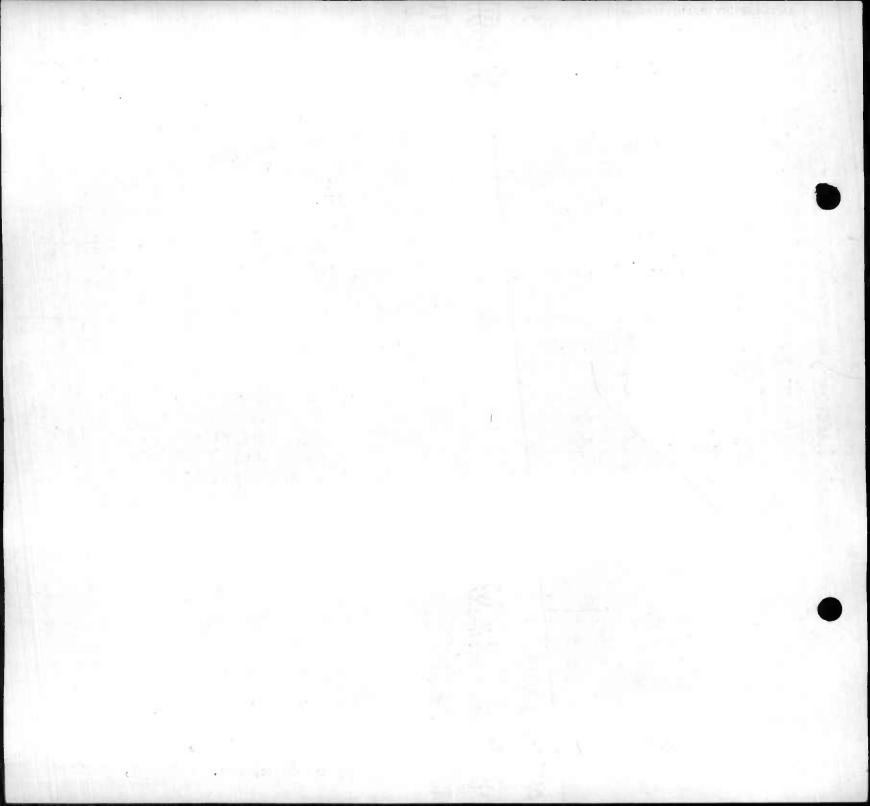
This certificate

the body was

shows:

BALTIMORE CITY HEALTH DEPARTMENT REG. No. 69 CERTIFICATE OF DEATH death Deceased BIRTH NO. Such 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Pri F.CUBARE uo a hospital death. of 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE 8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE ance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) timore C. CITY OR TOWN cause; attend 10 YES X prior E. STREET AND NUMBER contributing occurred etermined 10 disposition is made. 9. AGE to tast birthdown 9. AGE (In years 5. SEX If Under 1 Yr. Months: Days 6. RACE NEVER MARRIED 7. MARRIED deceased regul WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) death done during mast of working life, even if retired) Und Home Maker Was 13. FATHER'S NAME the 9 15. Was Deceosed Ever in U. S. Armed Forces?
(Yes, no ar unknown) (If yes, give wor ar dates of service) (amming assistant eath 0 6. SOCIAL final SECURITY NO. attendance Ŏ any 0 DISEASE OR CONDITION DIRECTLY embalmed enmon LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It means the disease, the chief medical examiner xaminer. gular injury or complication which coused death,) ncopenia ANTECEDENT CAUSES who 10 the remains are DISEASES OR CONDITIONS, if any, giving to the obove couse (A) stoting the physician UNDERLYING CONDITION lost. edical Was П ICATION 2 NA OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 20 A. AUTOPSY? (Yes or No) 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION the 0 CERTIFI WAS PERFORMED 0 before þ^ 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID (7) where hame, farm, foctory, street, affice bldg., INJURY OCCUR? hospital °Z MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21D. TIME (Manth) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not White approved (except While At (APPROX.) and Wark At Work to the any 22, 1 certify that (1) (this hospital) attended the deceased from .

NO If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) that (1) (we) last sow the deceased alive an ond that In (my) (aur) apinian death accurred on the date pe and hour and from the causes stated obave (1)((We) (did) (dld nat) view the body after death. must 23A SIGNATURE 23 B. DATE SIGNED Attending Med Phys. Director approval PHYSICIAN'S 23D. ADDRESS 24A. BURIAL CREMATION, CEMETERY OF CREMATORY REMOVAL (Specify) Baltimore. Burial 5/14/69
25A. DATE REC'D BY HEALTH DEPT. 25 Baltimore 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTO ADDRESS JRuck Inc. Baltimore, Maryland Leonard VS 150-REV. 1/1/68



E311	BALTIMORE CI	TY HEALTH DEPARTMENT			
-224	BIRTH NO. M.E. CASE NO. 69 4863 CERTIFIC	ATE OF DEATH Registered No.			
and seeth seeth the	M.E. CASE NO. I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
Schar	(Type or Print)				
B 2 2 2 4	3. PLACE OF DEATH IN BALTIMORE MARYLAND	May 10, 1969 [4. USUAL RESIDENCE (Where deceased lived. If inst			
hospit ise of (5) De ance death	STEEDER STATE OF STAT	A. STATE B. COUNTY			
Se Se de	FULL NAME OF (If not in hospital or institution, give street	Maryland			
- T - C - C	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RU			
O C C C C C C C C C C C C C C C C C C C	3817 Shannon Drive	Baltimore			
ting d cau r att prior		D. STREET ADDRESS (If rurol, give location)			
9 - 0 - 0 0	Baltimore Md. 212	3817 Shannon kee Dr			
ibu	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)			
SEGE	Male White Widowed (specify)	March 5, 1888			
0 0 - 0 -	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (State or foreign country)			
# 19 in 0 in	done during most of working life, even if retired Retired Truck Driver	Maryland			
if death ect or c t) Undet was in the dec	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
wa wa	13 TAILLE S HAVE				
display	George A Knoedler	Matilda Buscher			
a do	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT			
the the the kin de nnce	No 218-05-1221	Mrs Mildred McCurdy 5003 E			
		OF DEATH			
his a so, if an ince ende	DISEASE OR CONDITION DIRECTLY				
<u> </u>	LEADING TO DEATH	Coronary Thrombosis, ASHD,			
A S S E	(This daes not meen the made of dying, e.g., DUE TO	OVE VIII y SIE VIII VOID 9 CONTROL 9			
oro ar	heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis, generalized,				
E B DE	ANTECEDENT CAUSES (B)	tel losciel obis, generalized,			
A fr	DUE TO	D D Dishetes Wellitzs			
W C	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)	B P , Diabetes, Mellitus			
an in	UNDERLYING CONDITION fast.	90 WARNESS OF THE RESIDENCE OF THE STATE OF			
dica lica irns, sici was					
bur bur bur hys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
אק אקם	DISEASE OR CONDITION CAUSING IT.				
a do	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN			
- A - A - A					
be (2)	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street,	office bldg., INJURY OCCUR? (If in Bottimore			
No Pe	DEATH (notify medical examiner) etc.)				
d b	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
9 6 9 9 5	(APPROX.) While At Not Work At Work				
0 0 -	22. I certify that (I) (this hospital) attended the deceased fram	30/6			
6 5 6		(0			
204-00		19 <u>68</u> and that in(my) (our) apini			
dent of death)	and haur and from the causes stated above. (1) (Wex (CHA) (did not) view the body after death.			
dent ospir dear	23A. SIGNATURE				
3 0	Horard So Hall M.D. A	Med. Stoff Phys.			
1 0	23 C. PHYSICIAN'S	23D. ADDRESS			
was r An a Prior	NAME (Type Howard E. Hall, M. D. M.	Sykesville, Maryland			
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City,			
ody 7s: (1 D.O ase	REMOVAL (Specify)				
W S S S S S S S S S S S S S S S S S S S	Burial 5/13/69 Loudon Park	Baltimore, Mary			
This certification of the body shows: (1) was D.O. weitten a written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR To Ann Od F. Duble Too Boltin			
- + w > 0 >	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Legnard DRuck Inc. Baltin			
	VS 160-PEV 1/1/65				

4863 69 9:30 A M. Hitution: residence before odmission) If Under 1 Yr. Months Doys If Under 24 Hrs. 12, CHIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Biddle St INTERVAL BETWEEN ONSET AND DEATH 1960 1969

NDINGS CONSIDERED

City, give exact location)

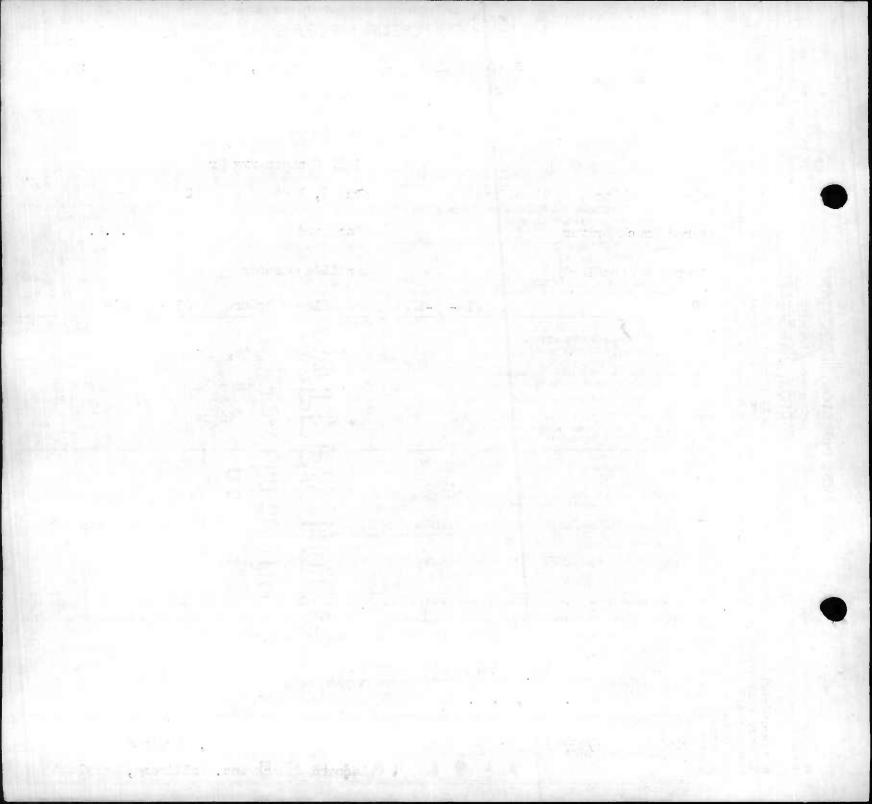
19 ion death accurred an the date

238, DATE SIGNED 5/10/69

> town, or county) (Stote)

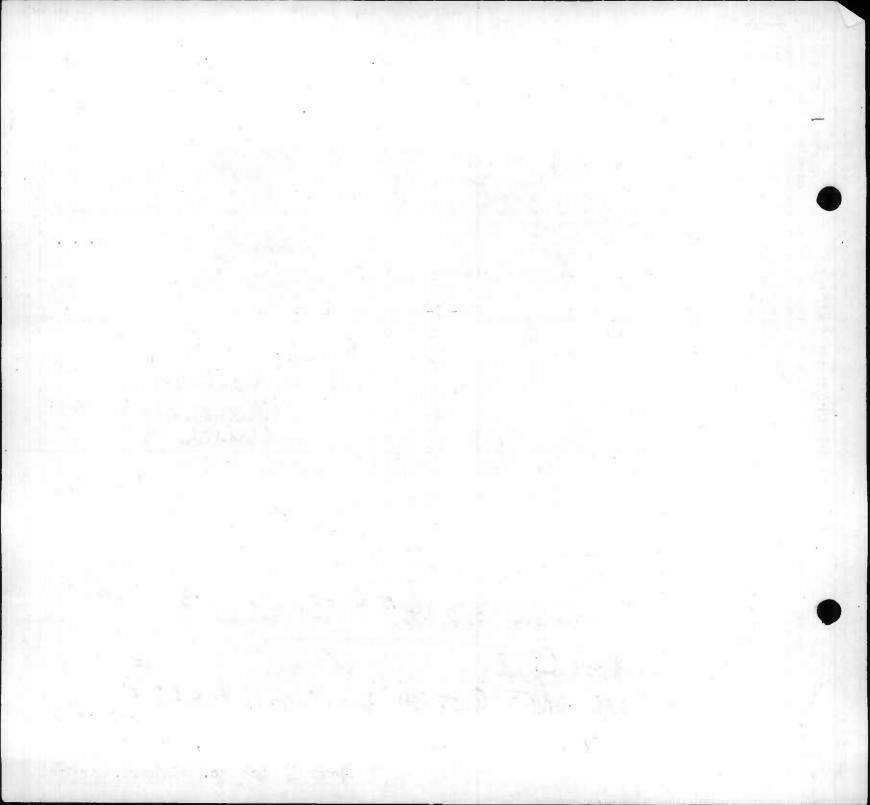
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ADDRESS more, Maryland



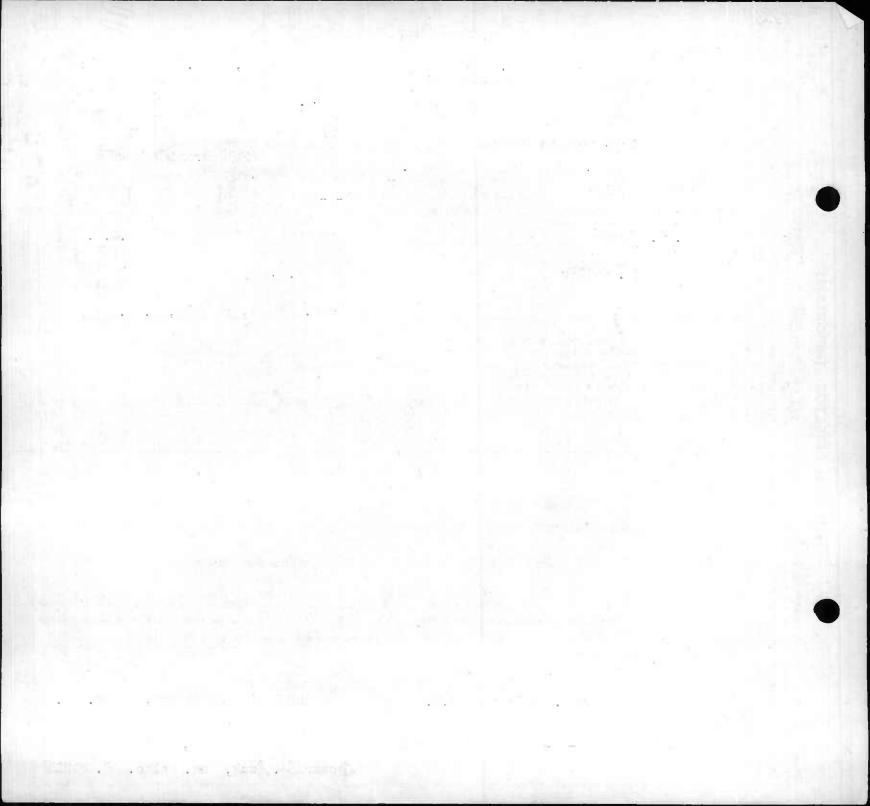
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		HEALTH DEPARTMENT
0	BIRTH NO. 69 4864 CERTIFICA	TE OF DEATH X REG. NO. 69 4864
	BIRTH NO.	2, DATE AND HOUR OF DEATH
	(Type or Print) HELEN M. CICHOCK	1 5/9/69 300 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	MARYLAND Balto.co. 53-00 C. CITY ORTOWN D. INSIDE CITY LIMITS?
	NA A	BALTIMORE YES NO
	11	E. STREET AND NUMBER
0	BON SECOURS HOSPITAL	1828 WEYBURN RO.
mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
.5	10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	done during mast af warking life, even if retired) Housewife	POLAND USA.
osi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sp	FODNE RACHUBA	VICTORIA GILNOR
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar doles af service) SECURITY NO.	17. INFORMANT ADDRESS
final	No 212-03-2069A	Mr Leonard Cichocki Same
or f	1B. CAUSE OF DEAT	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
ned	LEADING TO DEATH	USE MENERALISED METANTASIS
balm	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF DO DE A
d E	injury at complication which caused death.)	with snegerial overell often
0	ANTECEDENT CAUSES (B)	Correspond of Usingen
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF: CALLINGWAS CHINAS
	UNDERLYING CONDITION lost, (C)	relades V
remains		
еп	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
9	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	200 A AUTODONO (V A Mail 200 In the March Philipping Contribution
the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	204. AUTOPSY? (Yes No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ore	U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., i	in or about 1.C. WHERE DID (If in Boltimore City, give exact location)
before	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, or DEATH (natify medical examiner)	mice bidg, MIJURT OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ained	(APPROX.) While At Work At Work	
þ	22. 1 certify that (1) (this haspital) attended the deceased from	1. 0. 69, 19 to 5, 7. 69 19
pe o	that (1) (we) last saw the deceased alive on 5, 8, 67	19 69 and that in(my) (aur) apinian death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did nat)	riew the bady after death.
must	23A. SIGNATUR	23B, DATE SIGNED
	Mal Minos Spuller Degree Phy	ending Med. Staff Phys. Director Phys. D
approval	23C. PHYSICIAN'S NAME (Type)	Part Comment Part of Ballings
dd	UK DILAL AHAMEN YUKE> 17 DEGREE	BON-Secoves Hospital. Baltimors.
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, Schung (Stote)
ter	Burial 5/13/69 St Stanislaus	Baltimore, Maryland
written	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
3	MAY 1 2 1969 UEK ST CE TENSON	Ruck Inc. Baltimore, Maryland



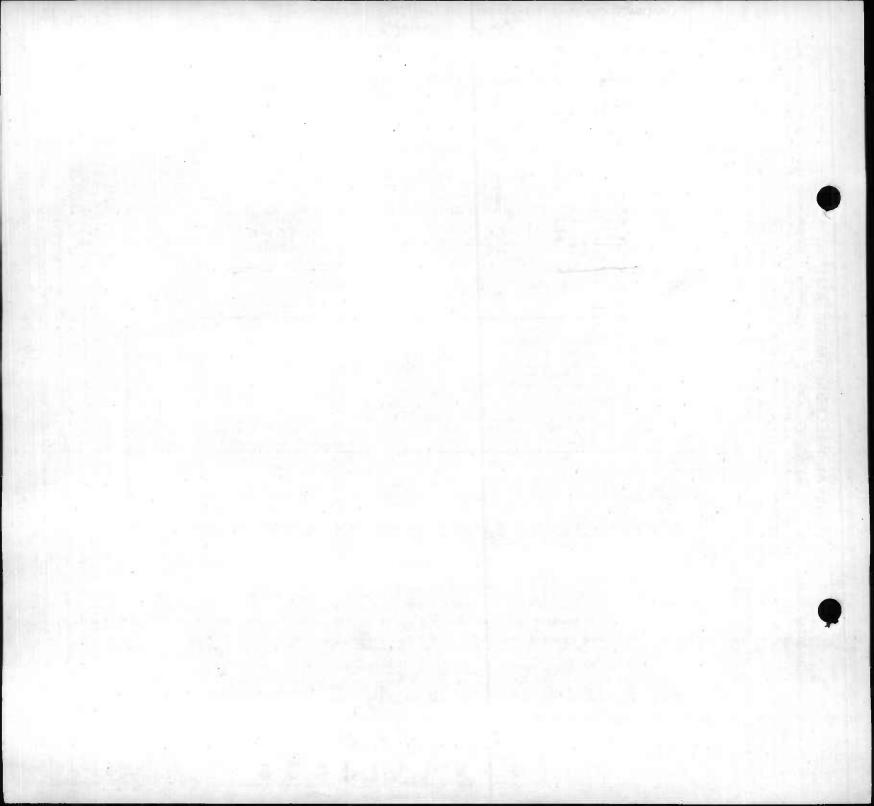
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760	DIDT	H NO.		69	3 48	CERTIFICA	ATE C	OF DEATH	REG. NO	69	4855
deat deat cease on th	1. N	AME OF DECI	ASED	JOSEP	н D.	FULLER			9, 1969.		7:55 A M.
hospita ise af (5) Dec ance o death.	3. P	LACE IN BALT	IMORE, MAR	YLAND, W	HERE PRONT	UNCED DEAD	4. USU A. STA		ere deceased lived. If i	nstitution: residen	ce before admission)
a hos ause e; (5) ndanc	FUL HO	L NAME OF	(IF NOT I	N HOSPIT	AL OR INSTIT ATION)	UTION, GIVE STREET		Md .	D. 1NS	SIDE CITY LIMITS?	
d in cause cause atterriar t	0	0	2854 Br	rendan	Avenue			Baltimore	2854 Brenda	an Avenue	ио 🗌
rribut mined gular ed p	5. S	x Male	6. RACE White			NEVER MARRIED X		OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
on on on on on on on on on on on on on o		during most of v	vorking life, ever		WIDOWED	DIVORCED F BUSINESS OR INDUSTR	Y 11. BIRT	HPLACE (State or fore	-		PF WHAT COUNTRY?
if death set ar c t) Undet was in the dec	13. F	R. C.						Maryland	ME	U.S.A	4.
direct (4) (4) h we n the dispo		Joseph	M. Ful					Anna R. Stu			
istar he d kind deat deat ce o nal	15. V (Yes,	Vos Deceased no or unknown)	(If yes, give	Armed For war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.		DRMANT		- 439	RESS
if think ked danc		No	2 2			CAUSE OF DEA		hn K. Fulle	r, Buffalo,	N. Y.	ROXIMATE INTERVAL
dical examiner cal examiner. ns; (3) A fractur ician wha praires in regular anis are embal			ANTECEDENT R CONDITION obave co	CAUSES ONS, if ouse (A)	death.) any, giving	(B) Suppe	rleus	arlene arlene	oselate C.	V.Quin	5 years
he chief med by a medic 2) Bady burr re the physi physician w	RTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEN OR CONTRIBL	H BUT NOT RE ONDITION GIV OPERATION	LATED TO T VEN IN PAR 19B. CON WAS PER	HE TERMINAL T I (A). DITION FOR FORMED	WHICH OPERATION	in or obou	at 21 C. WHERE DID	ol 20B. IF YES, WERE IN CERTIFYING CA		H?
her (2)	CAL	OR CONTRIBL	medical exam	SE OF iner)	hon etc.	ne, form, factory, street,	office bldg	., INJURY OCCUR?			
haspi nature ept w d (6) I	MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Yeor)		ile At Not Wenter Not		21F. HOW DID IN	JURY OCCUR?		
any any (exc ; an		22. I certify that (I) (we)				he deceased from	8 1	9 6 9 and t	1964 ta &	inian death oc	curred on the dote
00-		and hour one	I from the co	uses sto	ted obove. (I) (We) (did) (did not)	view the	body ofter deoth.			
us ea ide d		23A.SIGNATU	RE T	Vaal	alian	In 10 DEGREE A	tending ys.	Med.	Staff Phys.	5 DATE SIE	0/69
0 - 0 >		PHYSICIA NAME (T	ype) John	n F. C	Coolahar	n M.D.	23D. AD		ilkens Aven	ue, Balto	Md.
	24A	REMOVAL	ipecify)	. DATE		AME of CEMETERY of C				City, town, or cou	inty) (Stote)
	25A	Burial		5-13-		W Cathedral	25C	. FUNERAL DIRECTO	Baltimore, M	A	DDRESS
This the shav was dece		M	AY 121	1969	Roll	La Called	1-42	eonard J. A	uck, Inc. B	alto. Md.	. 2121/1

VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 69 4866						
BIRTH NO. 59 4866 CERTIFICA	TE OF DEATH REG. NO.					
BIRTH IVO.	A DATE AND HOUSE OF BEATH					
(Type or Print) Wilhelminal Muel	1er 10 Am 5/10/69 M					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MD. Baltimore 7.02					
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION INSTITUTION INSTITUTION INSTITUTION	C. CITY OR TOWN D. INSIDE CITY (IMITS?					
0000	E. STREET AND NUMBER					
7 (1031) 140	2723 E. Maddison SI.					
S. SEX 6. RACE 7. MARRIED NEVER MARRIED NIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY					
done during most of working life, even if relired) Furniture Star	& Baltimore Cty U.S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
THE MUELLER	HUGUSTA T.					
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 2600 Jefferson St.					
NO - 212070652	Ferdinand E. Behr Baltimore 21205					
IB. CAUSE OF DEAT						
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH This does not mean the made of dying, e.g., (A) MMEDIATE CAL						
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:					
injury or complication which coused death.) ANTECEDENT CAUSES	Casteringelesshi Carelandona Com					
DISEASES OR CONDITIONS, if only, giving DUE TO, OR AS	a consequence of:					
rise to the above cause (A) sloting the						
UNDERLYING CONDITION 1658, (C)						
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL OUTSEASE OR CONDITION GIVEN IN PART 1 (A).						
19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
1 12 2 A. ACCIDENT WAS INDEPLYING TO 121R PLACE OF INTIDATE OF						
OR CONTRIBUTING CAUSE OF Home, form, foctory, street, of DEATH (notify medical examiner)	Affice bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Work At Work	te					
22. I certify that (1) (this haspital) attended the deceased from \$ \frac{7}{2}\$.						
that (1) (we) last saw the deceased alive an 5/10/69	19and that in(my) (aur) apinian death accurred an the date					
and hour and fram the causes stated abave. (1) (We) (did) (did not) view the body after death.						
23A. SIGNATURE	23B, DATE SIGNED					
Deckal M. Wassallan nos DEGREE Phy	ending Med. Staff Phys. Staff					
23C. PHYSICIAN'S NAME (Type) S. Nasrallal MD	23D. ADDRESS Johns Hopking Hospital					
GEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)					
REMOVAL (Specify)						
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	BALTO, MA- ADDRESS ADDRESS					
MAY 12 1969 108 6 9 20 00 1	2 1 80 1 800 - 2224 Eller NE					



H-647	69 4867 CEDITIE CATE OF DEATH REGING 69 4867							
and sed the the	BIRTH NO. CERTIFICATE OF DEATH							
<u> </u>	1. NAME OF DECEASED (Type or Print) HEROLD, FRANCES E. 2. DATE AND HOUR OF DEATH V-10-69 15:50 A							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission A, STATE 8, COUNTY							
hos ise (5) an de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ID. INSIDECITY LIMITS?							
ng ng caus	YUNION MEMORIAL HOSPITAL E. STREET AND NUMBER							
outi bed ar ar pr	5. SEX LABACE TO THE STATE OF THE SEX OF THE							
occurry ontribu ermine regular assed	F WIDOWED DIVORCED 3-9-98 Ist Under 1 Yr. If Under 24 Hrs WIDOWED DIVORCED 3-9-98							
or co indeters in a dece	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSE WIFE Hecht Co. Baltimore, Md. U. S. A.							
if de (4) Ur was the sposi	13. FATHER'S NAME							
	JOHN HAJEC ANNA ROJACEK Rejacek							
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yas, give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS							
assis if the ny ki ed de lance r fin	215-03-9219 MARIAN SVEC dght. SAME							
0 0 0	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Also, e of a nounc atten	LEADING TO DEATH (A)IMMEDIATE CAUSE CEREBRO-VASCULAR ACC.							
. = = 1	heart follure, asthenia, etc. It means the disease, injury or complication which caused death.)							
fra oge								
Xan Xan Wh Wh	DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the							
an Sin s	UNDERLYING CONDITION last. (C) CEREBRAL THROMBOSIS							
f medical y burns; physicial was e remain	E TO THE DEATH BUT NOT RELATED TO THE TERMINAL DIABETES MELLITICS							
hie he th	1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED 2004 AUTOPSY? (Yes of No.) 2008. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
y their less (2 here	OR CONTRIBUTING CAUSE OF hame, form, factory, street, office bldg., INJURY OCCUR?							
oved by the hospital of nature; (cept whe ud (6) No tained be	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED VAIL (APPROX.) While At Not Work At Work							
gt no o	22. I certify that (1) (this hospital) ottended the deceased from 4-7 1969 to 5-10							
55 0 to	that (1) (we) last saw the deceased alive an							
ust be a dent of cospital death) must b	and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death. 23A. SIGNATURE							
5 6 7 2 2 2	General Tolling Med. Stoff Stoff Tolling Sto							
was re An ac A. at a prior	23C. PHYSICIAN'S Director Phys. Director Phys. L. Director Phys. L							
M. W. W.	24A, BURNAL CREMATION 248, DATE 124C NAME OF CENETERY OF CREATION MEMORIAL HOS DITAL							
certificat sody was /s: (1) An D.O.A. at ased pric	Burial 5/13/69 Holy Redeemer Cemetery Baltimore, Md.							
	25A. DATE REC'D BY HEALTH DEPT. MAY 19 1969 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR LOCAL DIRECTOR ADDRESS ADDRESS							
I.	VS 150-REV. 1/1/68 3331 Brehms Lane							

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nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and	leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death	cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	hospital (except where the physician who pronounced death was in regular attendance on the	to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	If must be obtained before the remains are embalmed or final disposition is made.
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he body was released

BALTIMORE CITY HEALTH DEPARTMENT REG NO CERTIFICATE OF DEATH BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BARBARA S. PESSAGNO 5-9-69 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Md., 21206 FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NOF MERCY HOSPITAL E. STREET AND NUMBER 5405 Knell Avenue 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED Il Under 1 Yr. Months! Days Il Under 24 Hrs. lost birthday female white WIDOWED X 9/7/85 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Saleslady F.W. Woolsworth Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Groell 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no or unknown) (If yes, give war or doles of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Hilda P.Miller.dght. above -22-6242 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY BILIARY Obst LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. It means the disease, injury or complication which coused death. of Hepatic Duct h ANTECEDENT CAUSES tibrosis DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above couse (Ai stating the UNDERLYING CONDITION just (C).... П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes or No. 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED Ves 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21 L INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work 22. I certify that (I) (this haspital) attended the deceased fram April 1969 69 Mav 19 69 that (I) (we) last saw the deceased alive on____ May and that in (my) (aur) apinian death occurred an the date and have and from the chuses stated above. (1) (We) (dld) (dld not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Staff Director Phys. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 5/13/69 Baltimore, Md. Burial New Cathedral Cemetery 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR

Schuneral prector Schuneral Home, Inc. 3331 Brehms Lane VS 150-REV. 1/1/68

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

9 4869 BALTIMORE CITY HEALTH D	DEPARTMENT	ľ
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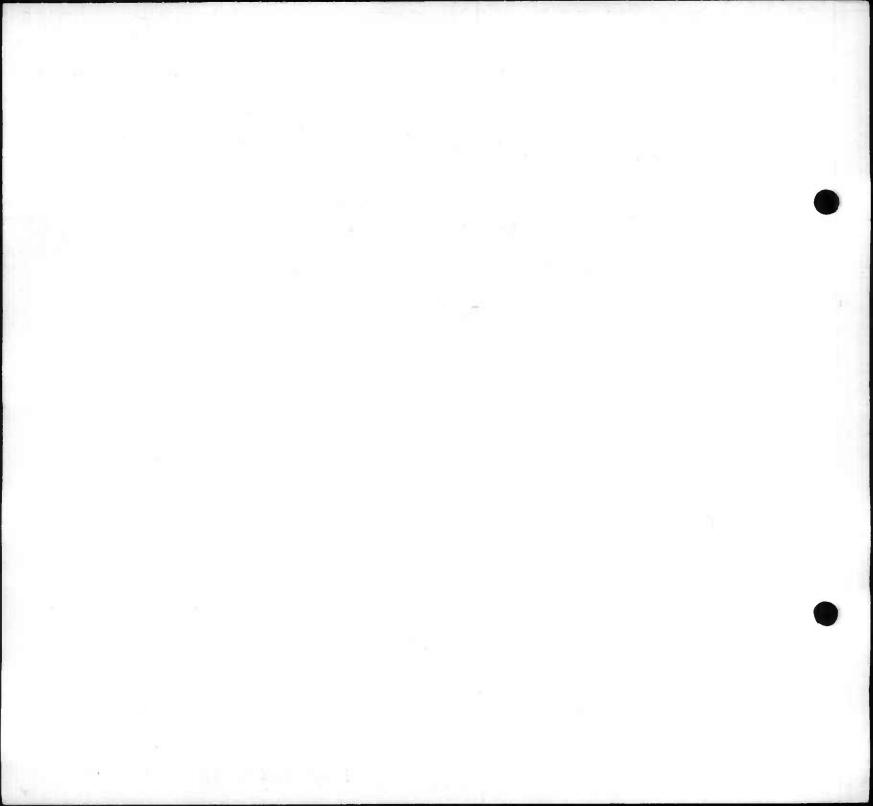
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BI	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 4000	
1,	NAME OF DECEASED	TE T. JORZIG		ND HOUR OF DEATH		
F	PLACE IN BALTIMORE, MARYLAND, WHERE PRO ULL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION) ISTITUTION		Md. 212	206	7:50 p. M. Institution: residence before odmission) 7-45 SIDE CITY LIMITS?	
9	House in the Pines	Baltimore YES X NO CE STREET AND NUMBER 6117 Eastern Parkway				
		NEVER MARRIED NEVER MARRIED DIVORCED DO DE BUSINESS OR INDUSTRY	B. DATE OF BIRTH 9/4/79	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
de	housewife at	Baltimore,	Md.	72. GINZEN GT WITAT COOKING		
13	George Dietmai	r	14. MOTHER'S MAIDEN NAME unknown			
1S (Y	, Was Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of serv	16. SOCIAL SECURITY NO. 215-05-6688B	Mildred Zir	nk, dght,	above	
N	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last.	(B)————————————————————————————————————	SE Control c A CONSEQUENCE OF:			
CERTIFIC ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION NAS PERFORMED		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED	
CAL CER	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exoct locotion)	
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJ	URY OCCUR?		
	22. I certify that (I) (fins hospital) attended the deceased fram					
	23A. SIGNATURE Donald 23C. PHYSICIAN'S	DEGREE Phys	nding Med.	Staff Phys.	23B. DATE SIGNED 5-10-69	
	A. BURIAL CREMATION, REMOVAL (Specify) Burial A. Burial A. Burial A. Burial A. Burial A. Burial A. Burial Burial		6077 Ha MATORY 24D. L etery B	al timore,	ity, town, or county) (State) Md.	
	MAY 12 1969 (C)	16-230 Bull	Schamunek 3331	Funeral Horehms Land		

VS 150-REV. 1/1/6B

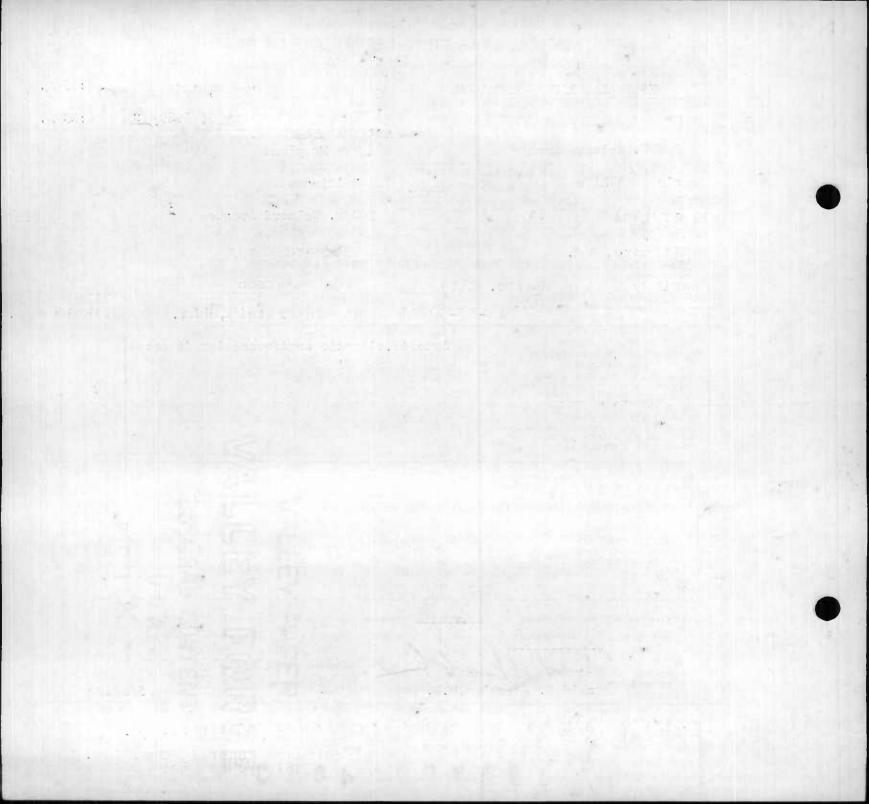
BALTIMORE CITY	HEALTH DEPARTMENT	1000
BIRTH NO. 69 4870 CERTIFICA	TE OF DEATH REG. NO. 65	4870
BIRTH NO.	TE OF PEATIF	
(Type or Print) EUA L. LOWRY	2 DATE AND HOUR OF DEATH	12:40 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY	residence belore admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOGATION)	manfand 2	6-33
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY I	
38 unveisity Homelel	E. STREET AND NUMBER	NO
	3309 Ramona are	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Und. Months	Pr 1 Yr. Il Under 24 Hrs. Days Hours Min.
WIDOWED DIVORCED	9-10-10 58	
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it relired) Jutzler's	11. BIRTHPLACE (State or loreign country) 12. CIT	IZEN OF WHAT COUNTRY
	Vugna	W 14
13. FATHER'S NAME	14. MOTHER'S WAIDEN NAME	
Samuel Hailly	Poole	
15. Wes Deceased Ever In U. S. Armed Forces? [16. SOCIAL SECURITY NO. 17. 14. 15. 16. SOCIAL SECURITY NO. 17. 16. SOCI	17. INFORMANT	ADDRESS
214-14-3485	Hospital Chart	
18. 15 19 1 CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Concu	-one of the Stonach	BETWEEN ONSET AND DEATH
LEADING TO DEATH	SE O	3/2 year
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	a CONSEQUENCE OF:	
ANTECEDENT CAUSES		
	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Metastatic Caraman 1 St		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFING CAUSES OF	CONSIDERED
E 2 Feb 1969 WAS PERFORMED Concument of St	IN CERTIFYING CAUSES OF	DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (4.9. In location, street, of	or obout 21 C. WHERE DID Iff in Baltimore City, ob	re exoct location)
BEATH (notify medical examiner)	-	
21D-TIME IMonth) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?	
While At Work Not While At Work	· 🗆	
22. I certify that (1) (this haspital) attended the deceased fram 3	an 19 69 to 9 may	19 6 5
that (W (we) last saw the deceased alive an an and	19 6 and that in(my) (aur) apinian dea	7
and have and from the causes stated above. (1) (We) (did) (did not) v	_	
23A, SIGNATURE		TE SIGNED
	nding Med. Staff Phys. 9	may 1919
NAME (Type)	23D. ADDRESS	it-e
TERREN M. HIMELFARB DEGREE	unity 17	v ,
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		or county) (Stote)
Burial 5/12/69 Parkwood Ceme		
25A. DATE REC'D BY HEALTH DEPT. MAY 12 1969 25B. NAME OF REGISTRAR	Schumunek Funeral Home,	I noness
VS 150=REV. 1/1/68		



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MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINA

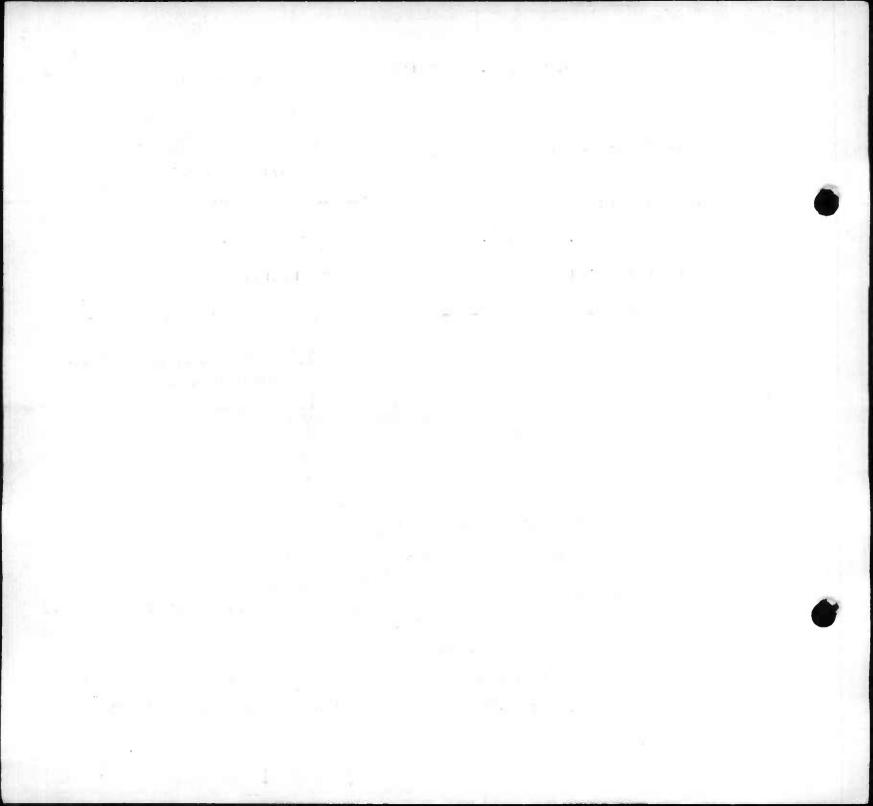
BIRTH NO.	REG. NO.
NAME OF DECEASED SABEL	2. DATE Known Manth Day Year Hour
ISABELLA LAURA RACHANOW	DEATH Estimated Way 9, 1969
1. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	PRONOUNCED DEAD Mary Q 1060 Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 9, 1969 6:35 A.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Mossell on J B. COUNTY
900 N. Belnord Avenue	Maryland B. County 7-02
S. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES NO NO
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
11/17/1894 lost birthdoy 74 Months, Doys, Hours, Min.	900 N. Belnord Avenue
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Md. WHAT COUNTRY?	Bernard Kerns
4A.USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTR	
one during most of working life, even if retired) Charlady Balto. City	Ida Peterson
6 WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS 21237
Yes, no or unknown) (If yes, give war ar dates of service) 3 - 34 - 5025A	Anna Winterstein, dht. 2003 Wilhelm Ave
19. CAUSE OF DEA	
	sclerotic cardiovascular disease
DISEASE OR CONDITION DIRECTLY	seletotic cardiovascular disease
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	AS A CONSEQUENCE OF:
injuly of complication which courses decim.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
	, in ar about 22C. WHERE DID (If in Baltimare City, give exact location)
UNDERLYING OR CONTRIB-	ce bidg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	T WHILE
23.	YORK
I certify that I held an Inquiry Inspection X Au	utopsy ond that on this basis, death in my opinion
resulted from: Notural causes 🛛 Accident 🗌 Suici	de Homicide Undetermined manner
A	CHIEF MEDICAL EXAMINER
ACTUAL / / / //	ASSISTANT MEDICAL EXAMINER X
SIGNATURE V VIVII VI June V	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	5/9/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 5/12/69 New Cathedr	al Comotory Rollingra Ma
25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc.
AY 12 1969 1 Q 6 9 D D	1 03331 Brehms Lane



BIRT	н NO.	69	4872	BALTIMORE CIT			REG. NO	0	69 4	872
	ME OF DECEAS		WARD M.	WATKINS			NO HOUR OF DE		, , z	5/0
3. P	LACE IN BALTIM	ORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RES	IDENCE IWhe	ere deceased lived	If institution:	residence belo	re odmission)
FUL HO: INS	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION	N, GIVE STREET	C. CITY OR TO		D	INSIDE CITY	LIMITS?	43
33	THE JOH	INS HOPKI	us Hosp	ITAL	BALT E. STREET AND		A	YES X] 00[
5. SI	X 6.1	ACE	7. MARRIED [X] N	NEVER MARRIED	8. DATE OF BIE		EW AVEN		er 1 Yr., If U	Inder 24 Hrs.
	ALE	WHITE .	WIDOWED	DIVORCED	10-16-	14	lost birthdoyl	Month	Doys Hour	s Min.
done	usual occupa during most of work inishin	TION (Give kind of working life, even if refired) Dept.		ransit Co		imore,		12. CI	TZEN OF WHA	T COUNTRY
13. F	ATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME			
		1 WATKINS			MAY	GINRI	CH			
Yes,		r in U. S. Armed Force yes, give wor or doles $32 - \text{Arm}$		SOCIAL SECURITY NO. 14-1098	17. INFORMAN Henrie		honwett	er.Wat	ADDRESS ab kins.w	ove
	This does not a heart loilure, osth injury ar camplic ANT	DING TO DEATH meon the made of lenia, etc. It meons alion which caused ECEDENT CAUSES CONDITIONS, if a bove couse (A) ONDITION last.	the disease, death.)	(A) IMMEDIATE CA DUE TO, OR AS (B)			ineny l	ung	14	
CERTIFICATION	O THE DEATH BUSINESS OR COND 9A-DATE OF OP 5 - 2 - 6 1A-ACCIDENT V OR CONTRIBUTION	VAS UNDERLYING	E TERMINAL 1 (A). DITION FOR WHICO ORMED 21 B. PLA home, fo	- 0	YI	HERE DID	IN CERTIFYING		S CONSIDERED DEATH?	NO
VEDIC	PEATH (notify med TD. TIME (MA DF INJURY APPROX.)	icol exomined Nonth) (Doy) IYeod	etc.J	NOW E	21F. H	NONE	URY OCCUR?			
t	22. I certify that (I) (this haspital) attended the deceased from 4-27 19 67 to 5-7 19 69 that (I) (we) last saw the deceased alive an 5-7 19 69 and that In (my) (aur) apinian death accurred an the date and hour and from the causes stoted above. (I) (We) (did) (did not) view the bady after death.									
2	3A. SIGNATURE 3C. PHYSICIAN'S NAME (Type)	en Et	ulm		inding M s. D	led.	Staff Phys.	5	TE SIGNED	7
	BURIAL CREMAT REMOVAL ISpeci Burial	10N, 248, DATE 1y) 5/12/6	9 Balt	oegree of CEMETERY of CR imore Nat	ional Co	24 D. Lo	HOPKINS OCATION Baltimo:	(City, town,	or county)	(Stote)
25A.	MAY	12 1969	258 NAME OF RE	GISTRAR	3chim	unek i	uneral	Home,	Inc.	

VS 150-REV. 1/1/68

Schimunek Juneral Home, Inc. 3331 Brehms Lane



FUNERAL DIRECTOR: IMPORTANT

must

certificate

hospital

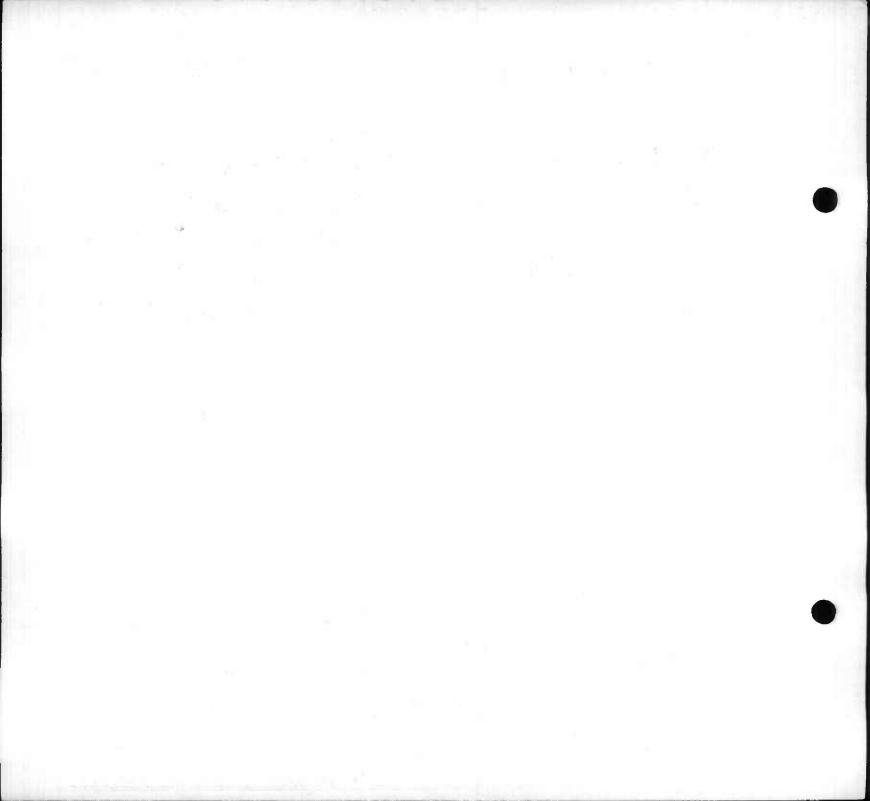
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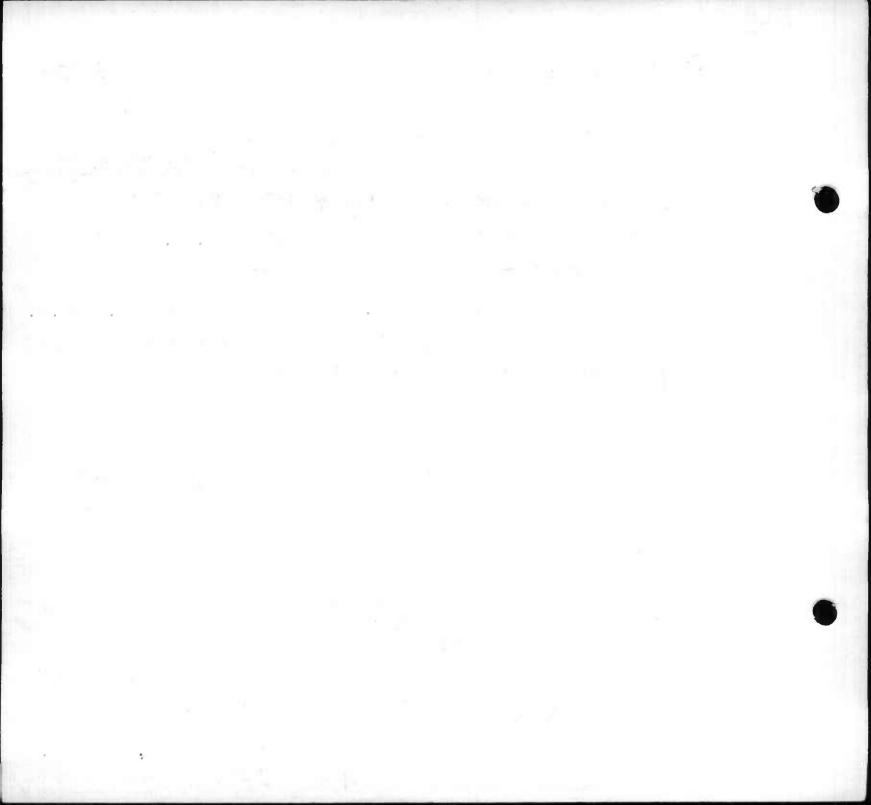
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. Such Deceased BIRTH NO. death 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED 110 (Type or Print). 5 u_o death. of 4. USUAL A. STATE RESIDENCE (Where deceased lived, if institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance (5) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? etermined cause; 0 YES 🗸 NO prior E. STREET AND NUMBER contributing 905 race is made. regular If Under 24 Hrs. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX 6. RACE NEVER MARRIED 7. MARRIED Hours deceased lost birthdoy) Ó 01 WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country disposition done during most of working life, even if retired) U, 5112 SD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ø direct 4 no death ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) kind; 6. SOCIAL SECURITY NO. or final attendance any APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH med DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, ular emba injury ar camplication which caused death.) ANTECEDENT CAUSES ho 5 re are OR AS A CONSEQUENCE OF DUE TO, DISEASES OR CONDITIONS, if ony, giving 3 the abave cause (A) stating the hysician UNDERLYING CONDITION last. (C)_ before the remains Mas 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) ۵ (2) Body 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION the Q WAS PERFORMED CERTIF 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) where to the hospital ON (9) etc.) DEATH (notify medical examiner) nature; MEDIC obtained 21F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY Not While (except While At (APPROX.) Work At Work and any 22. I certify that (1) (this bespital) attended the deceased from •• and that in (my) (aur) apinion death accurred on the date that (i) (we) last saw the deceased alive an pe ō hospital eath) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. was released must accident 23B. DATE SIGNED 23A. SIGNATURE 0 Attending [Med. Staff 10 Phys. Director _ approval D 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior 40 CEMETERY OF CREMATORY town, of county) shows: (1) 24A. SURIAL CREMATION, eceased 0.0 he body REMOVAL (Specify written 6 FUNERAL DIRECTOR SID 25A, DATE REC'D SY HEALTH DEPT. 25B. NAME OF VS 150-REV. 1/1/68

White the transfer of the

42		TY HEALTH DEPARTMENT ATE OF DEATH REG. NO. 65	4874				
the Such	BIRTH NO.	ATE OF DEATH					
on on h. S	(Type or Print) Mary F. Oliver	2. DATE AND HOUR OF DEATH	1 31 P. M.				
9 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY	residence befare admission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 17-01					
cause; (5) D attendance ior to deat	INSTITUTION	Baltimore. D. INSIDE CITY	-				
-	Maryland General Hospital	E. STREET AND NUMBER					
regular sased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE In years 1 If Un.	ier 1 Yr., If Under 24 Hrs.				
in reguered in reguered on is m	WIDOWED DIVORCED	8-8-1910 last birthdey) a Month	ler 1 Yr. If Under 24 Hrs. Hours Min.				
Undetermined as in regular e deceased p sition is made	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTE dane during most of working life, even if relired)	1 1 1	TIZEN OF WHAT COUNTRY?				
was in the dece	13. FATHER'S NAME	14. MOTHER'S WAIDEN NAME	ISA				
40	Dan Smith	Terry (ALBERTA)					
death	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS				
	No	Chart-ELNORA MAY	SSIER St.				
pronounced far attendar	DISEASE OF CONDITION DIRECTLY	TH / T C /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
atte med	LEADING TO DEATH	Ocardial Infarction	I hr.				
pronce	(This does not meen the mode of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury at complication which caused death.)	S A CONSEQUENCE OF:					
	ANTECEDENT CAUSES	SCVD	? VPars				
4× 0 0 0	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	S A CONSEQUENCE OF:	(2				
ician as in ains a	UNDERLYING CONDITION fast. (C).						
re the physician physician physician was in fore the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ic Renal Disease					
sici th	198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?				
000	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in ar about 21 C. WHERE DID (If in Baltimare City, gt office bldg., INJURY OCCUR?	ve exact lacation)				
(except wh and (6) N obtained b	OF INJURY (Month) (Day) (Year) (Hour) 27E INJURY OCCURRED White At No. 1998	21F. HOW DID INJURY OCCUR?					
nd	(APPROX.) While AI Wark At Work						
4	22. I certify that (I) (this haspital) attended the deceased fram that (I)(we) last saw the deceased alive an	19 6 9 and that Inday Your Danielan dec	- 9 1968				
st tal	and haur and fram the causes stated above. (1) (Was (did) (did nat)		ith occurred an the date				
hospital o death) must be	23A. SIGNATURE	23 B, DA	TE SIGNED				
2 - 2	Physica L. Will Her Phy	lending Med. Staff Phys. 2	7-69				
pro pro	Stephen L. Winter M.D.	Mar lad berend	450 11				
o d d	DEGREE		ar caulty) (State)				
S D.	BURIAL 5-13-69 MT AUBUL	RN BALTIMORE	Md.				
was D.O.A. at a ho deceased prior to written approval n	MAY 12 1969	25C. FUNERAL DIRECTOR	ADDRESS				
	VS 150-REV. 1/1/6B	Juneral F	01114				



	p4 08.75	E CITY HEALTH DEPARTMENT REG. NO. 69	4875						
116	BIRTH NO. 1. NAME OF DECEASED								
	Type DORA V. WILKINSON	2. DATE AND HOUR OF DEATH MAV 11 1919	6004						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where declared lived, II institutions A, STATE B, COUNTY	4. USUAL RESIDENCE (Where declared lived, It institution: residence before admission)						
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD BALTIMORE	CIN 53-00						
	MARYLAND GENERAL HOSPITAL	BALTIMURE D. INSIDE CITY LIMITS? YES NO [
	48	3407 EASTERN RULL	trans Bene						
	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Month:	ler 1 Yr. If Under 24 Hrs. Poys Hours Min.						
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDI	- Jepi 11, 100 / 01	TIZEN OF WHAT COUNTRY?						
	Housewife Housewife Housewife	MARYLAND Balto. Co. (15.4.						
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	JOHN ALEARLE	Lora unknown							
	5. Was Deceased Ever In U. S. Armed Forces? 16-s SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 21220						
		357 W. Edward Austen 3407 Eadtern Bl	.vd. Balto.Md.						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	EXT. BRUNCHOPNEUMONIA	BETWEEN ONSET AND DEATH						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. if means the disease.	TE CAUSE DR AS A CONSEQUENCE OF:							
	injury or camplication which caused death.) ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any, giving	OR AS A CONSEQUENCE OF:							
	rise to the abave cause (A) staling the UNDERLYING CONDITION tast. (C)	***************************************							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	EROSCLEROTIC CVI)	YEARS						
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?						
10	OR CONTENENTING CAUSE OF	(e.g., in or obout 21 C. WHERE DID (If In Boltimore City, gi	ve exoci locotion)						
	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
	Work LJ At \	Work L							
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an MAY 11 that	10-10-	19 67						
	0.	19 and that in (my) (our) opinian dec	th accurred an the date						
	and haur and from the causes stated above. (1) (We) (did) (did no 23A-SIGNATURE		TE CIGNED						
Richard C. Keech M.D. Attending Med. Shoff M. Mark									
	23C.PHYSICIANS NAME (Type) NICHADA C VI-FCH M. J	23D. ADDRESS							
2	AA BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	FERRER 827 LINDEN AVENUE OF CREMATORY 24D, LOCATION (City, town,	or county] (Stote)						
	Burial 5-13-1969 Ebenezer Ceme	15							
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, EUNERAL DIRECTOR	ADDRESS						
V	MAY 12 1969 R 02 666, 3 150-REV. 1/1/68	: 10 assaching to Home ?	401 Belain Pd						



the Such and cause; (5) Deceased attendance on the of death hospital death. cause cause; 0 ō prior contributing occurred etermined made. regular deceased disposition death 2 OF (4) Und Was the direct assistant death U O final attendance any pronounced 9 balmed fracture of ular me who 0 9 are 4 physician remains Was **Body burns**; physician the 0 the 2 where to the hospital å bel any nature; obtained 9 approved (except pup be eath) of hospital the body was released must An accident

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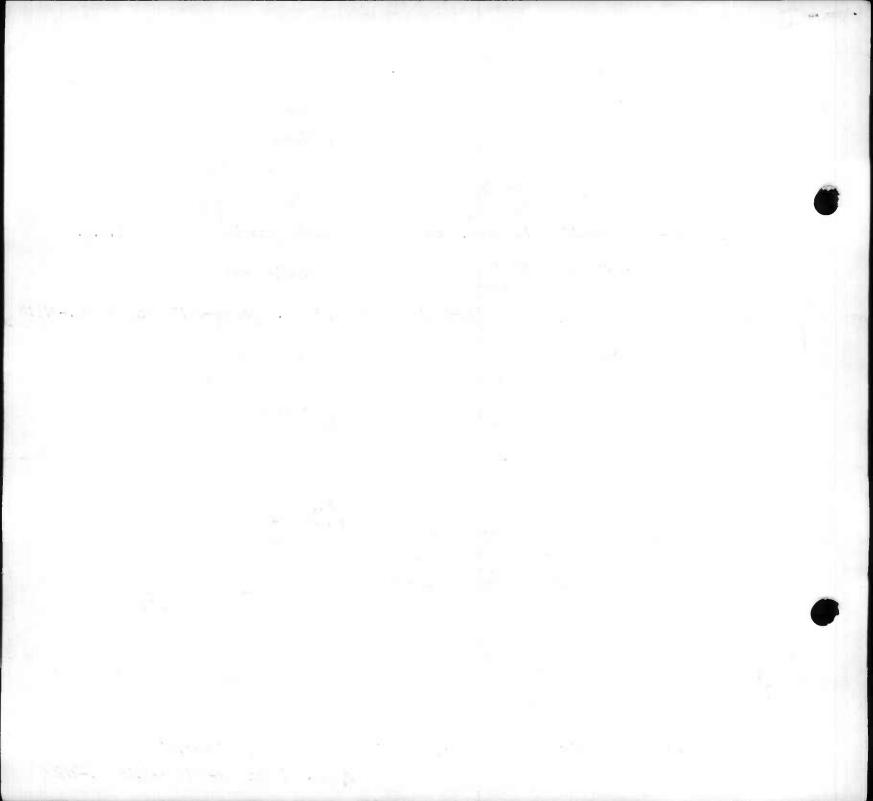
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shows: (1)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MAY 4. USUAL RESIDENCE (Where deceased lived, Il institution residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maruland D. INSIDE CITY LIMITS? YES A NO OCH WOOD 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Months! Doys 7. MARRIED NEVER MARRIED Il Under 24 Hrs. Hours i Min. Hours MALE DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind al work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of wasking life, even if retired) North Carolina 1st Nath Bank 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Green Marshall Jackson Fannie Axsom 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give war or dates of service) 1 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Jackson-1615 Lochwood Rd. -21218 217-14-1165 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl loilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 30 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME (Doy) (Month) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (aur) apintan death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. approval Phys. DEGREE 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or caunty) (Stote) Baltimore, M'ryland Moreland Momorial Park 258 NAME OF REGISTRAR HEALTH DEPT.

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. S	written approval must be obtained before the remains are embalmed or final disposition is made.
s assista if the	any kin	ced dea	dance	or final
er or his	ure of	ronoun	ir atter	almed
xamine	A frac	who p	regula	ire emb
dical ex	ırns; (3)	sician	was in	mains a
hief me	3ody bu	the phy	sician	the re
by the coital by	re; (2)	where	No phy	before
he hosp	y natu	xcept	(9) pup	brained
be app	nt of ar	pital (e	eath);	ust be o
e must	accide	t a hos	or to de	oval mu
ertificat	(I) An	O.A. a	sed price	n appr
This ce	shows	was D.	deceas	writte

FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 69 4877 CERTIFICA	TE OF DEATH REG. NO. 4877
1. NAME OF DECEASED DA BARRON.	2. DATE AND HOUR OF DEATH 5.10.69 5 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Corr Home	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITYLIMITS? YES NO
Jews 4601 Paul Mall Rd	E. STREET AND NUMBER Jewish Convalescent Home
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	Latvia U.S.A.
Solomor	Bessel
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	m. David Stein 6312 Wallis and
heart tailure, osthemic, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	BETWEEN ONSET AND DEATH
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost, (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	abetes rellity using years.
19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? Yes of No. 20B. AF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notity medicol exominer) 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) Office bldg., INJURY OCCUR?
21D.TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not Whi At Work	
	3/2 19(5) ta 5/10 19 67
The The Physics of th	ending Med. Shoff
23C. PHYSICIAN'S NAME (Type) PAIDNT M. DOEGREE 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CR	4000 W. Northern Parkeray Ballo, EMATORY 24D. LOCATION (City, town, or county) 2 (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Shan Slavis FSon Galason, 2008.

VS 150-REV. 1/1/6B

CADDRESS CARCIOSON, MD. 24055

576 - 12 me 10 1/1/2 2 me Sugar Salar Kan

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	MEI			AMINER'S			OF D	EATI	H REG. NO	65	9 48	378
BIRTH NO.									KEG. IN		-	
1. NAME OF DE	CEASED				2. DATE OF	Known		onth	Doy	Yeo	Hour	
	BERT MARYIAND	WILLER DE		SAYRE	DEATH 3. DATE	Estimoted			D	V	or Hour	М.
	LTIMORE, MARYLAND,					DUNCED DEA		onth	Doy	Yeo		0 4
ios IA	(IF NOT IN HOSPI	ATION	1	ALTON PL	5 HEHAL	DECIDENCE /	200	May	9,		969' 9:0	IVI.
3 Hopkin	ns Hospital	a Cal	42 C.	14DED	A. STATE Ma:	RESIDENCE (ryland	Where deci		B. COUNTY	,	ford	nission)
6. SEX	7. RACE	8. MARR	IED 🔲	NEVER MARRIED	C. CITY O		7.3		D. INSIDE			
male	white	WIDOW	VED 🗌	DIVORCED X		rest Hi				YES X	NO 🔯	
DATE OF BIRT	TH 10. AGE (lost birthd			1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMB	ER					- 0
8/6/190					Ja	rrettsv	ille H	Road				
I. BIRTHPLACE	State or foreign country)			ZEN OF	13. FATHE	R'S NAME						
West V	irginia		WH.	S.A.	En	och Fl	etch	er	Savre			
4A.USUAL OCCI	JPATION (Give kind of wor		OF BUS	SINESS OR INDUSTR	15. MOTH	ER'S MAIDEN	NAME		- Carlot			
Custo	working life, even ifretired	'	Chu	rch	R1	anche	Elle	n H	eavne	7		
6. WAS DECEAS	SED EVER IN U.S. ARME		? 17	SOCIAL	18. INFOR		DITC	er 11			Rocks	Rosi
Yes, no or unknown	(If yes, give wor or dote	s of service		SECURITY NO. -22-2303	Mose	a D. H	[0] m 0				ille,	
19.	PAV		2)4	CAUSE OF DEA		а р. п	отше	8 (0/1	APPROXIMATE	INTERVAL
8	2017			CHOOL OF BEIN					210	04	SETWEEN ONSET	AND DEATH
DISEAS	SE OR CONDITION DIR	ECTLY		Cranio	-Cereb	ral Inj	ury					
(This does	LEADING TO DEATH not mean the mode of a	lvina e a		(A)IMMEDIATE	AUSE	QUENCE OF:						
heart foilure	e, osthenio, etc. It meons the mplication which caused d	re diseose,		DUE TO, OK	AS A CONSE	QUENCE OF:						
DISEASES RISE TO TH	INTECEDENT CAUSES OR CONDITIONS, IF AN IE ABOVE CAUSE (A) ST NG CONDITION LAST.	ATING THE		(C)								
O TO THE DE	NIFICANT CONDITIONS C ATH BUT NOT RELATED T R CONDITION GIVEN IN	O THE TERM	INAL	Intra-Cere			due 1	to Hy	perte	nsive		
	F OPERATION 208. CO									21. AL	JTOPSY? (Ye	s or No)
0 1											**	
₹ 22A. EXTE	RNAL CAUSE WAS		228. PL A	CE OF INJURY(e.g.,	in or about	22C. WHERE	DID (If In	Soltimore	e City, give	exact location	Yes	
UNDERLYING	G OR CONTRIB-		home, fo	ne of frien	a bldg., etc.)	INJURY OCC	UR?	2011.111.011		0-0		
UTING C	AUSE OF DEATH.			INJURY OCCURRED	/	22F. HOW D		V OCCII	D2			
OF INJURY			1	LE AT NOT	WHILE X							
(APPROX.)	5/9/69	UNK	m. WOF	K AT V	ORK X	Subj	. rel	T do	vnstai	rs		
23.	منائي ماسما المالا	I [٦.		A	a a J 4L . 4	an chia	has:-	doodh !=	!-!		
		Inquiry L			topsy X				deoth in m		4	
resu	Ited from: Natural ca	uses 🔛	Acci	Suici	de 🔲 🗈	iomicide 📙			ed monne	r 🗀		
ACTUA	11111 12	0 /	7	Sa 2		CHIEF MEDI					DATE SI	GNED
SIGNA	I I I I I I I I I I I I I I I I I I I	7	1	P M.D	ASS	SISTANT MEDI	ICAL EXAM	AINER	X			
EXAMIN	VER'S Werner	. 11 .	nitz			OCIATE MEDI	ICAL EXAM	AINER			5/10/	69
NAME ((Type)	0. 5										
24A. BURIAL CRE REMOVAL (Spec			24C. I	NAME of CEMETERY	or CREMAT	TORY	24D. LOC	MOITA	(City, to	own, or cou	nty) (S	Stote)
Buria	- /-	/1969		Centre			Fore	st 1	Hill	Har	ford,	Md.
	BY HEALTH DEPT.	-	_	REGISTRAR	25C	FUNERAL DI				ADDRESS		
N	IAY 12 1969	100		5 30 Occ.	01 70	arles,		11.72+	Z To		51084	+
1.V		Mole	1. 1	- 0 - W		artes,	Pon	ur u	z ea	rrec	tsvill	re, Mo
VS 151-REV. 1/1/6	8 /	10	12.7				Ŏ					

NE 69.0

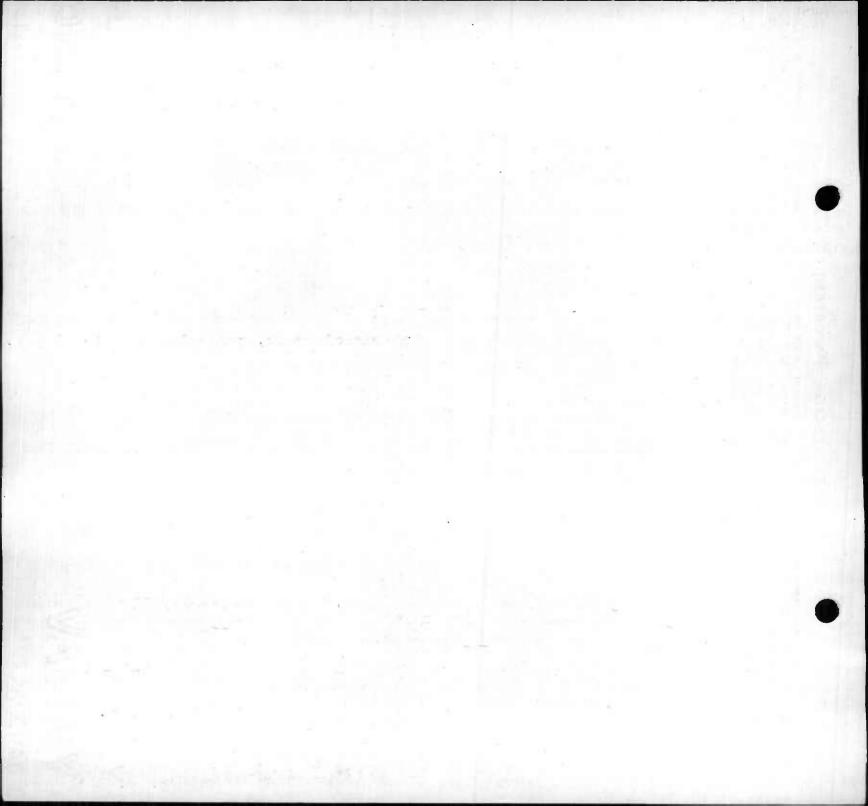
Letter from M.E.'s office 6-9-69 M.H. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

10	1000	BALTIMORE				
C	4879	CERTIFIC	CAT	FOF	DEA	TH

REG. NO.	69	4879
	170	201

BIRTH NO.			TE OF DEATH			
I. NAME OF DEC		MARKET BALL	2. DATE AND HOUR OF DEATH			
Type or Print)	Margaret	B. Meads		11, 1969	2:00 p.	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admissi	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET TION)	Maryland,		ISIDE CITY LIMITS?	
1143111011014	Long Gree	n Nursing Home	Baltimore		YES NO	
GA		lrose Avenue	E. STREET AND NUMBER			
70		. Md. 21212	5837 York	Road		
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	tf Under 1 Yr. If Under 24 Months Doys Hours Min	
Female	White	WIDOWED A DIVORCED	Feb.13,1889	lost birthdoy)	Williams Doys Hours IVIII	
IOA, USUAL OCCU	UPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUN	
done during most of the Homemak	working lile, even if retired)				USA	
13. FATHER'S NA		des des	Maryland 14. MOTHER'S MAIDEN N	AAAF	ODA	
13. PATHER'S NA			14. MOTHER S MAIDEN N	AME		
	Layton Hamil		Mary Ambros	е		
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Force	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No			-1 Thomas W. Me	eads (Son) s	Same	
DISEASES O	OR CONDITIONS, if of obove couse (A)		S A CONSEQUENCE OF:			
O OTHER SIGNIF	G CONDITION Iasi. II FICANT CONDITIONS CON IH BUT NOT RELATED TO THE ONLY TO THE ONLY THE O	(C)	140.4	N.J. 000		
OTHER SIGNIF TO THE DEAT DISEASE OR C	FICANT CONDITION TOST. FICANT CONDITIONS COPERATION GIVEN IN PARTY OPERATION 19B. CONTINUES CONTINUES CONTINUES CONTINUES CONTINUES PERFORMANCE CONTINUES C	(C)	No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
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O THER SIGNIF TO THE DEAT O DISEASE OR C 19 A. DATE OF OR CONTRIBL DEATH (notify) 21 D. TIME	FICANT CONDITION TOST. FICANT CONDITIONS COPERATION GIVEN IN PARTY OPERATION 19B. CONTINUES OF THE CONDITION OF THE CONDITION OF THE CONDITION OF THE CONTINUES OF THE CONDITION OF THE CONDITIO	(C)	in or obout 21C. WHERE DID in or obout 1NJURY OCCUR?	(If in Boltim	AUSES OF DEATH?	
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OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (noify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	FICANT CONDITION IOSI. FICANT CONDITIONS CONTINUED TO THE BUT NOT RELATED TO THE NOT POPULATION OF THE BUT NOT WAS PERFORM OF THE POPULATION OF THE BUT NOT WAS UNDERLYING OF THE BUT NOT	(C)	in or obout 21C. WHERE DID sffice bidg, INJURY OCCUR? 21F. HOW DID II	NJURY OCCUR? 19 67 to Ma	AUSES OF DEATH? ore City, give exoct locotion)	
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O THER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR C 19 A. DATE OF OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23 A. SIGNATU	G CONDITION last. FICANT CONDITIONS CONTINUED TO THE LATED TO THE CONDITION GIVEN IN PARTY OF THE LATED TO THE CONTINUED TO THE CONTINUED TO THE LATED TO THE LA	(C)	INO in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID II De C. 1969 and view the bady after death ending Amed. Director Di	IN CERTIFYING C (If in Boltim NJURY OCCUR? 19 67 to Ma that in (my) (aur) a that in (my) (aur) a that in (my) (aur) a	Dinlon death accurred an the	
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2000		by axxii	HEALTH DEPARTMENT	69 4990
T 57 0 5		CERTIFICA	TE OF DEATH / REG. NO.	00 4000
and eath ase the the		TH NO. AME OF DECEASED	2, DATE AND HOUR OF DEATH	
S S S S S S S S S S S S S S S S S S S		e or Print) KOSS, OORA	5/9/69	120:50 PM
F 0 6 + 1	3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived. If inst	itution: residence before odmission)
Spi O ()			A. STATE 08. COUNTY	F 2 1
dan dan	FU1 HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION), GIVE STREET SPITAL OR ADDRESS OR OCATION)	C. CITY OR TOWN D. INSIDE	0, 33-00
a se;	INS	TITUTION TO A DO CALL		YES NOV
E m = + + 9	IL	EVINDAL HEBNEW	E. STREET AND NUMBER	NOW NOW
P.E 0 D.E.	1	tome.	35 28 Longrede Rd	
ar ar	5. S		8. DATE OF BIRTH M. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
rrib min gul		6. RACE / MARRIED NEVER MARRIED WIDOWED	A lost birthdoy	Months Doys Hours Min.
oc no no no no ser	10A	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (State or foreign Chunty)	12, CITIZEN OF WHAT COUNTRY?
th non-		during most of working life, even if retired)	0	1100
if deat rect or (4) Unde was ir the de spositio			Mussea	4500
t d	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
dire		Not Known	not Known	
	15. V	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
ista he kind dea ce ce nal	1	J. Steam No.	Homa Rossille	
d d d		18. CAUSE OF DEAT	H TOUR TO COUR	APPROXIMATE INTERVAL
ar ar		DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
of of other		LEADING TO DEATH (A)IMMEDIATE CAL	15 (a painci a Co. Da tous	1 2month.
A . A . A			A CONSEQUENCE OF: (a) (a) (a)	
507796		injury ar camplication which coused death.)	Ang mia	
fra fra em		ANTECEDENT CAUSES	Multi Na Mu	16 hour 54ears
A A P		DISEASES OR CONDITIONS, if any, giving DUFFOR AS	A CONSEQUENCE OF:	
(3) (3) s a		tise to the above cause (A) stoting the UNDERLYING CONDITION last.	100 1 Hores roselect	the same
D D S.E		(0)22	THE E	
dice dice dice rrns rrns vsic wa ma	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
re ph	ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
dy dy he p	IC/	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIL	NDINGS CONSIDERED
Chi Bo Bo th th ysi	RTIF	WAS PERFORMED	IN CERTIFYING CAUS	SES OF BEATH!
ph for		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF home, farm, foctory, street, o	n or about 21C. WHERE DID (If in Saltimore	City, give exoct location)
tal tal	AL	DEATH (notify medical exominer) etc.)		
ام ١١٥٠	DIG	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	2) F. HOW DID INJURY OCCUR?	
hos hos artu (6)	×	OF INJURY (APPROX.) While At Not Whil	4- 1	1
he he hy n xce		Work At Work	13	9 1969,
D + - 0 0		22. I certify that (I) (this haspital) attended the deceased from	19 67 to	
of of all (h);		that (1) (we) last sow the deceased alive on	1	on death occurred on the date
		and hour and from the courses stated above. (1) (We) (did) (did nat)		
deat must		23A, SIGNATURE		23 B. DATE SIGNED
must eleas ccide a hos to de		Sael Wille J DEGREE Phy	ending Med. Staff Phys.	
0 - 0 - >		23C. PHYSICIAN'S NAME (Type) 1 CO CO	23D. ADDRESS	- 1
was r An a L. at c prior		1511422 -1241192/	SINAT HOR	0. 10 -1.
	24A	BURIAL CREMATION, 24B DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City	, town, or county) (Stote)
s: (S)		Bus 2 5/11/69 Bach 14	lot Rotto	md
This certification of the body shows: (1) was D.O., deceased written a	2SA	. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS Rel
This the bashow was dece		MAY 13 1969 (1029 16. Derbury	The Prop 2 & Jours	Lary 9610 Perster
	VS	150-REV. 1/1/68	The state of the s	- And Many

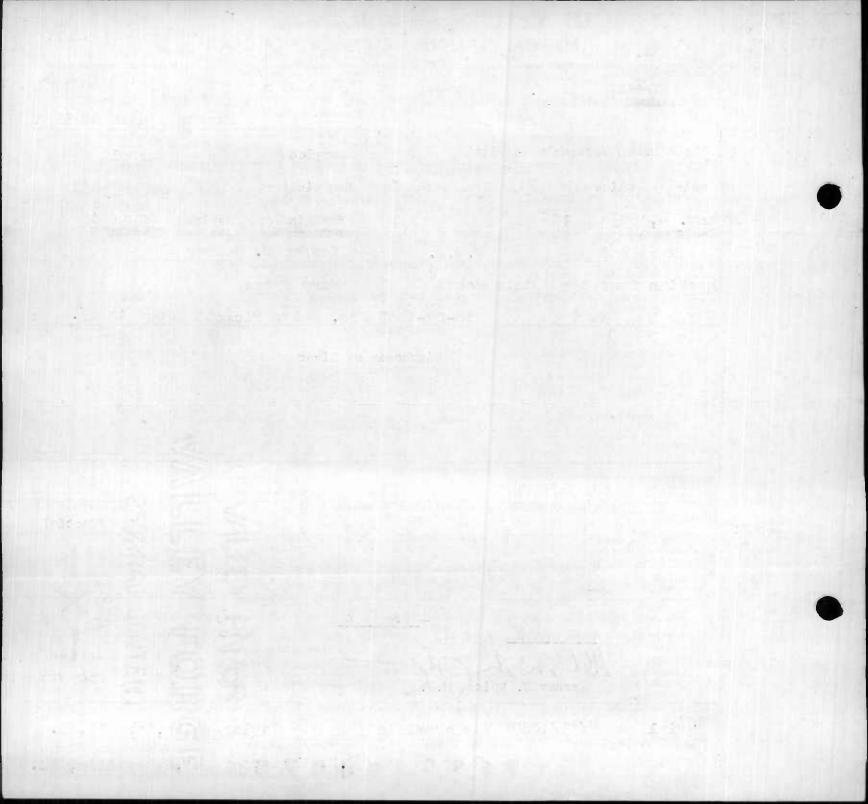
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69 4881. BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 4881

ВІ	RTH NO.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/	NAMII 1EK 0 C		CAIL		DEATI	REG. N	10			_
1.	NAME OF DEC	EASED		-			2. DATE	Known [Month	Doy	Yeo	r Hou	r	
(Ту	pe or Print CHA	RLES		C.		HOOPER	OF DEATH	Estimoted	X	Phys.	3				
4.	PLACE IN BALT	IMORE, MA		•	RONG		3. DATE			Month	Doy	Yeo	r Hou	ır	<u>M.</u>
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					PRONOU	NCED DEAD)	May	9,	196			D		
HO	SPITAL	ÀDDRE	SS OR LOCA	TION)			E LICITAL DE	CIDENCE	Arl .	-			<i>y</i> 2		P _M .
7		X7_	1	- 77 -		1	5. USUAL RE A. STATE	SIDENCE (Where		COUNT		ice before	odmissi	ion)
	Loch Ra		teran		-			ryland				Carro	11 _	5%	-00
6.	SEX	7. RACE		B. MARE	RIED [NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE	CITY LIMIT	5?		
	male	white		WIDOV	par.			Winds	or			YES 🗌	NO [¥	
9.	DATE OF BIRTH	1	10.AGE (II	yeors	If U	nder 1 Yr. If Under 24 Hrs.	E. STREET A			1		123 (140 [
M	ov. 4,	1803	lost birthdo	y)	Mont	hs Doys Hours Min.	No	Dind		Ma wee 1	and	Rout	0 1		
_	BIRTHPLACE (S		a country)	,	12 (ITIZEN OF	13. FATHER'S	w Winds	SOL	, Maryi	and	11000	6 1		
'''	·		in country;			VHAT COUNTRY?			D	77					
		rland				U.S.A.		erson			er				
	N.USUAL OCCUI			14B. KINI	OF	BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN	NAM	E					
	achine			Stat	ce	Roads	M	ary By	ver	S					
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	1B. INFORM					ADDRESS			
(Y e	Yes	(It yes, give w		of service)	218-09-145	Mrc	Belva	P	icket	+ S	ame A	5 #5	5	
	19.	/ //		_	-	CAUSE OF DEA		DerA	2 1	TCKEL	0	Carro 22	APPROXIA		ERVAL
	0/	1,91				CAUSE OF BEA						В	ETWEEN O	NSET AN	D DEATH
		OR COND		CTLY		Cirrhos	is of L	iver							
	4 .	EADING TO				(A)IMMEDIATE C	AUSE								
		osthenio, etc				DUE TO, OR	AS A CONSEQU	JENCE OF:							
	injury or com	plication which	th coused dec	oth.)											
	100	TECEDENT	CALISES			4-1									
		R CONDITI		, GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:							
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE											
Z	UNDERLYIN	IG CONDITI	ON LAST.			(c)									
CERTIFICATION			II								-				
∥ర	OTHER SIGN	IFICANT CON													
<u>Ē</u>	DISEASE OR	CONDITION				100000000000000000000000000000000000000									
	20A. DATE OF	OPERATION	1 20B. COI	NOITION	FOR	WHICH OPERATION W	AS PERFORM	ED			- 11	21. AL	JTOPSY?	(Yes or	No)
O	21											Yes	s (Pa	rtia	11)
	22A. EXTERI	NAL CAUSE	WAS	1	22B.	PLACE OF INJURY(e.g.,	in or obout 22	2C. WHERE I	DID (I	f in Boltimore	City, give		,		
비의	UNDERLYING	OR CON	TRIB-	,	home	, form, foctory, street, offic	e bldg., etc.) IN	JURY OCC	JR?		,		,		
	UTING CA			· /:	1 10	of Indiana		25 110141011	D 41.1	UDV OCCU					
~	OF INJURY	Month) (D	ογ) (Yeo	r) (Hou	'	ZE.INJURY OCCURRED WHILE AT NOT		2F. HOW DII	נאז מ	UKY OCCU	(7				
	(APPROX.)				m. V		ORK								
	23.			-											
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	result	ed fram: N	atural cau	ses X	Α	ccident Suicio	le Ha	micide 🔲	ι	Indetermine	ed manne	er 🗌			
		1.	11.		4	C 7-		HIEF MEDIC	CAL EX	AMINER [
	ACTUAL		ULS	1,2	11_	7011-	ASSIS	TANT MEDIC		r	X		DATE	SIGN	ED
	SIGNATU		y y	10)		M.D							5/	10/6	50
-	NAME (T		Werne	r U.	Spi	ta M.D.	ASSO	CIATE MEDIC	CAL EX	CAMINER L	لب		3/	10/6	כנ
24	A. BURIAL CREA		4B. DATE		2.4	C. NAME of CEMETERY	or CREMATO	PV I	24D I	OCATION	(City	lown, or cou	ntv.)	(Stote	-1
RE	MOVAL (Specif	v)													
	Burial	-	5/13/1	1969	T	aylorsvill	е		lay	lorsv	ille	, Carr	oll.	Md.	
25	A. DATE REC'D	BY HEALTH I	DEPT.	25B. N	AME	OF REGISTRAR	25C. F	UNERAL DI				ADDRESS			
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VS	151-REV. 1/1/6B			A MA A	N 14	~									-



VS 150-REV. 1/1/68

REG. NO. 69 ERTIFICATE OF DEATH death BIRTH NO. Suci Decease I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) OD hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY ance A. STATE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY cause; attend 0 Baltimore prior E. STREET AND NUMBER contributing ANDERSON NURSING-Home occurred 2945 St. Paul Street etermined ular made 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED deceased last birthday WIDOWED X 2-21-1883 86 DIVORCED Male White 2 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) isposition dane during mast of working life, even if retired) 2 Und Unknown At. Home SD the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct (4) 3 Unknown Unknown eath LO T kind; 5. Was Deceased Ever in U. S. Armed Faices 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance NO 220-07-1939 | Carroll B. Schilpp-1100 Mercantile Trust any CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture IThis daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: gular embal heart failure, asthenia, etc. It means the disease, examiner. injury ar camplication which caused death.) ANTECEDENT CAUSES 10 are 4 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, 3 Ia the above cause (A) stating the UNDERLYING CONDITION last. the remains the physicia Was burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 0 WAS PERFORMED before 2 here 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in at about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital DEATH (natify medical examiner) nature; MEDIO obtained 9 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved Not While except While At (APPROX.) and Work At Wark to the any 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (was) lost saw the deceased alive on hospital eath) ond hour ond from the couses stated obove. (1) (#e) (did) (did-est) view the bady ofter death. must accident 23A. SIGNATUR must 0 Attending X Med. Staff 10 approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior Was to NAME (Type) An CHAMBERS 100 Cold EARL M.O 4 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION deceased the body 0 REMOVAL (Specify) shows: Druid Ridge Cemetery 5-13-69 Burial SID 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in (my) (pinion death occurred on the date 23B. DATE SIGNED 5/10/69 SPRING LANE BALTIMORE MD (City, tawn, or county) Baltimore, Maryland

YES

If Under 1 Yr.

USA

Months Days

NO

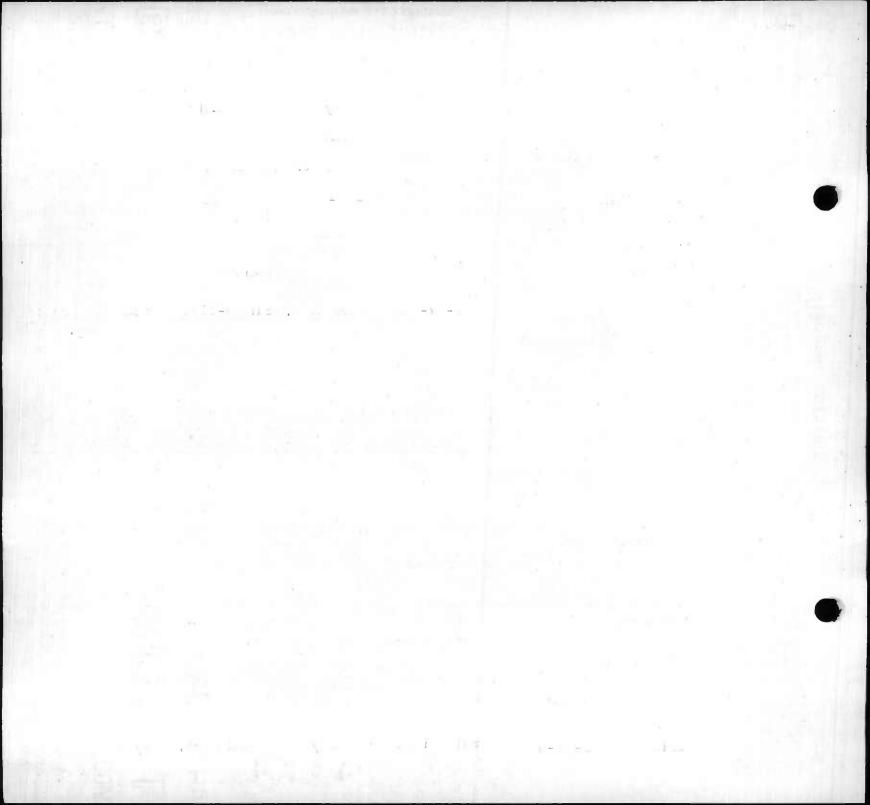
Hours

APPROXIMATE INTERVAL

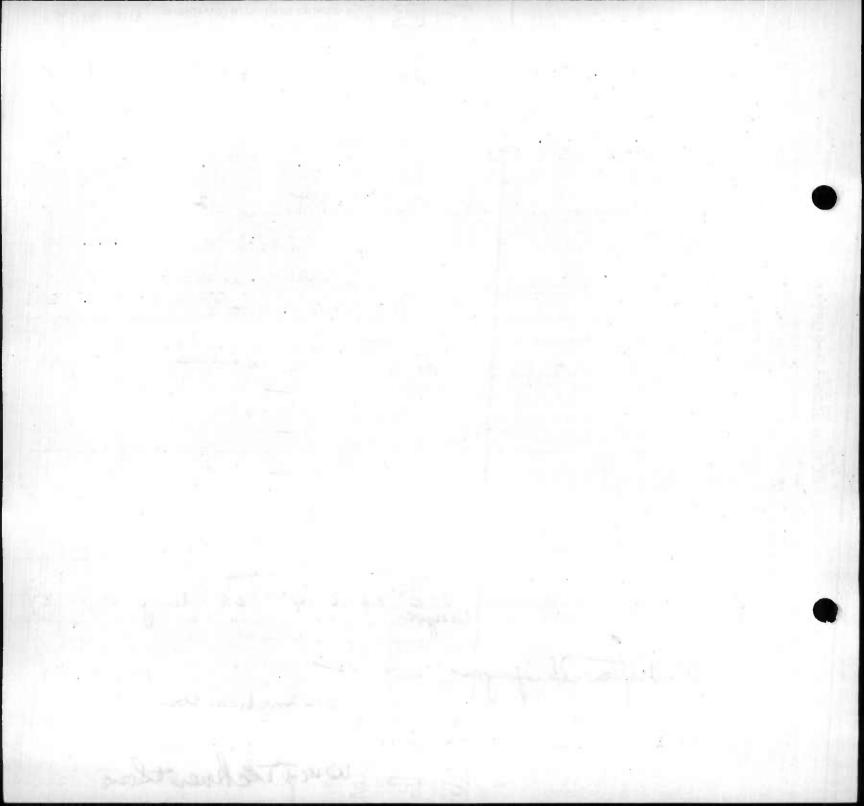
12. CITIZEN OF WHAT COUNTRY?

ADDRESS

If Under 24 Hrs.



BIRTH NO.		1000	BALTIMORE CIT	THE METHODE MANNET		69 488
	69	4883	CERTIFICA	ATE OF DEAT	H REG. NO.	100
I. NAME OF DECEASED					E AND HOUR OF DEAT	TH 1130
(Type or Print) Jeanette	K. Wilcox				v 8. 1969	
3. PLACE IN BALTIMORE,	MARYLAND, WHERE	PRONOUNC	CED DEAD	4. USUAL RESIDENCE	Where deceased lived, the OUNTY	finstitution: residence befor
FULL NAME OF (IF	NOT IN HOSPITAL OF	RINSTITUTIO	ON, GIVE STREET	Maryla	nd	120
HOSPITAL OR AD	DRESS OR LOCATION	1)		C. CITY OR TOWN Baltimore	D. II	NSIDE CITY LIMITS?
3900 N. Cha				E STREET AND NUMB	F P	YES NO
Baltimore	Maryland 21	L2189		3900 N. Cha		21218
5. SEX 6. RACI	7. M	ARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If U Months Doys Hours
F	W	DOWED	DIVORCED	5 2 1837	lost birthdoy)	Months Doys Hours
IOA, USUAL OCCUPATION		KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHA
Housewife	ile, even il rented)			New York	City	U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	UeSelle
Louis A.	Kahn			Paulder	E Edent	
15. Wos Deceased Ever in (Yes, no or unknown) (If yes,	U. S. Armed Forces?	16.	SOCIAL	17. INFORMANT	E. Edenheime	ADDRESS
No No	give wor or doles or s		SECURITY NO. 218 28 2263	Russell L. V	105 Mar	tingale Rd.
18. / / 5	0.1		CAUSE OF DEA		WIICOX	APPROXIMAT
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injury ar camplication	n which coused death	h.)		-	-	400
ANTECE	DENT CAUSES					
			(B)	AS A CONSEQUENCE OF:		
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UNDERLYING CONI			(c)			
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O OTHER SIGNIFICANT C	ONDITIONS CONTRIB					
O THER SIGNIFICANT OF TO THE DEATH BUT N		RMINAL			b	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such such as the deceased prior to death.

	116)		BALTIMORE CIT			69 4884
	63	488	CERTIFICA	ATE OF DEATH	REG. NO.	2002
BIRTH NO.	CEASED				AND HOUR OF DEA	TH
Type or Print)		O 10	212	2. DATE		1 43
2 81 4 65 151 8 41	Margaret (TA TISHAL PESTDENCE (W	May 9, 196	finstitution: residence before odmiss
S. PLACE IN BAL	LIIMORE MARILAND, W	HERE PRONO	ONCED DEAD	A. STATE B. CO.	JNTY	1 1 Silicitoric desidence delore dalaiss
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	TUTION, GIVE STREET	Md.		13-01
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
				Balto.		YES NO
CA H	ouse in the Pi	ines		E. STREET AND NUMBER		
///	el Air Rd.	21100		3621 Keswi	ale Da	
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
-				11-4-94	lost birthdoy)	Months Doys Hours Mir
F OSS	W	WIDOWED			73	
	working life, even if retired)	GIOB, KIND O	F ROZINEZZ OK INDUZIK	Y 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUN
House				Va	•	
3. FATHER'S NA	ME	_		14. MOTHER'S MAIDEN N	AME	
	2				?	
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	d Ever in U.S. Armed Form n) (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			231-03-3794	Aaron Weiss 59	Ol Key Ave	
18. /	11 1/1		CAUSE OF DEA		or not noo.	APPROXIMATE INTERV
1//			011002 01 0211			BETWEEN ONSET AND DE
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	nai mean me made ai	uyiliy, G.y.,				
heart failure,	asthenia, etc. It means			A CONSEQUENCE OF:		
	, asthenia, etc. It means mplication which caused	the disease		A CONSEQUENCE OF:		
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deaths shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0.4	100	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 4000
	63	9 488	CERTIFICA	ATE OF DEATH	REG. NO.	69 4885
BIRTH NO.			CERTITION			
Type of Print)	ECEASED			2. DATE A	ND HOUR OF DEA	TH
	Thomas J.				5/9/69	M
3. PLACE IN B	ALTIMORE, MARYLAND, V	HERE PRONOL	JNCED DEAD	A. STATE B. COU		If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION				Md.		13-07
				C. CITY OR TOWN	D. 1	NSIDE CITY LIMITS?
				Balto.		YES Y NO
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- SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
		WIDOWED		1/2//02	last birthday)	Months Days Hours Min.
MALE OA. USUAL OC	CUPATION (Give kind of wor			Y 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
	of working life, even if retired)				,	
Reti	ired	N.Y	. C.	Va.		
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	
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23A. SIGNA		ausoli.	A 4.	bending C	Shell CT	23B, DATE SIGNED
	GENTON	avoly	DEGREE	rending Med. ys. Director	Staff Phys.	5/12/69
23C. PHYSIC NAME	IAN'S	BR AUC	M.D.	UNION ME	EMORIAL	HOSPITAL
4A. BURIAL CI		24C. NA	ME of CEMETERY OF CI	REMATORY 24D.	LOCATION	(City, town, or county) (Stote)
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and (4) Undetermined cause; (5) Deceased of death LO hospital death. attendance cause 0 D = prior or contributing occurred disposition is made regular deceased -Was the direct assistant death 0 kind; or final attendance any pronounced fracture of embalmed chief medical examiner regular who (3) A (except where the physician before the remains a medical An accident of any nature; (2) Body burns; No physician was the body was released to the hospital obtained (9) pub approved

BALTIMORE CITY HEALTH DEPARTMENT

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4886 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HO (Type or Print) (John Wrebel) May 11 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where dec Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN Baltimore South Balte. General Hesp. E. STREET AND NUMBER 1635 Locust Stre 5. SEX 6. RACE MARRIED THE NEVER MARRIED 8. DATE OF BIRTH 9. AC Male WHITE WIDOWED April 15, 1893 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign co done during most of working life, even if refired) Peland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeseph Wrebel Unknown 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na or unknawn) (If yes, give war or dolos of service) 7. INFORMANT 6. SOCIAL SECURITY NO. Mrs. Valeria Wr CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

DISEASES OR CONDITIONS, if any, giving

rise to the above cause (A) stating the

UNDERLYING CONDITION last

DEATH (notify medical examined)

218 PLACE OF INJURY (e.g., In or about 21 C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR?

20A. AUTOPSY? (Yos or No)

21F. HOW DID INJURY C

While At I Not While (APPROX.) Work 22. I certify that (I) (this hospital) attended the deceased from

(Houd

DUE TO, OR AS A CONSEQUENCE OF:

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ond hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.

23C. PHYSICIAN'S NAME (Type)

5/11/69

(Manth) (Day) (Year)

that (1) (we) lost sow the deceased alive on,

Attending 🔀 Phys. 23D. ADDRESS

Staff Phys. Director

24A. BURIAL CREMATION, REMOVAL (Specify)

24C. NAME OF CEMETERY OF CREMATORY

21E INJURY OCCURRED

24D. LOCATION

(City, town, or county)

Burial 25A. DATE REC'D SY HEALTH DEPT.

Hely Cress Cemetery 258 NAME OF REGISTRAR

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Baltimere, Md.

ADDRESS

VS 150-REV. 1/1/68

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D.O.A.

Was

shows: (1)

certificate must be

21 D. TIME

OF INJURY

Jaho H. Hahn Hahn 4200 Pennington Ave. 21226

dex soldings ung n One e n 9 n

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such Deceased death BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Granville Bewen Metcalf. Sr. May 10, 1969 no death. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Anne Arundel cause FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? cause; attend Brooklyn Park YES South Baltimere D. O. A. prior E. STREET AND NUMBER contributing General Hospital 8 West 14th Ave. etermined gular 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Doys 5. SEX 7. MARRIED NEVER MARRIED BE tost birthdoy Male White DIVORCED Aug. 12, 1896 72 years WIDOWED IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) Schenuit Tire & Unde Baltimore, Maryland Millwright 0 Rubber Co. SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the (4) William H. Metcalf Cecelia Councilman leath O 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance None Mrs. Myrtle M. Metcalf 8 W. 14th Ave. 21225 any CAUSE OF DEATH pronounced or attend DISEASE OR CONDITION DIRECTLY imed LEADING TO DEATH fracture (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) ANTECEDENT CAUSES 0 are DUE TO, OR AS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, if ony, giving the above couse (A) stoting the ta hysician UNDERLYING CONDITION last. the remains Was burns; Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Q. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the O WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF here 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? hospital °N MEDICAL DEATH (notify medical examiner) nature; 3 obtained 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While except White At (APPROX.) and Work At Work to the any 22. I certify that (I) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an eath) hospital and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 0 Attending | 6 Med. Staff 0 Director L approval O 23D. ADDRESS 23C. PHYSICIAN'S prior at NAME (Type) M as An 615 Hammonds Lane Morton M. Krieger, M.D. 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION deceased the body o shows:

20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (our) apinion death accurred an the date 23 B. DATE SIGNED Baltimore, Md. 21225 (City, town, or county) 5/14/69 Cedar Hill Cemetery Ritchie Highway A. A. Co. Md. 258. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C, FUNERAL DIRECTOR 237 Patapace Ave. 21225 VS 150-REV, 1/1/68

NOT

Hours

U. S. A.

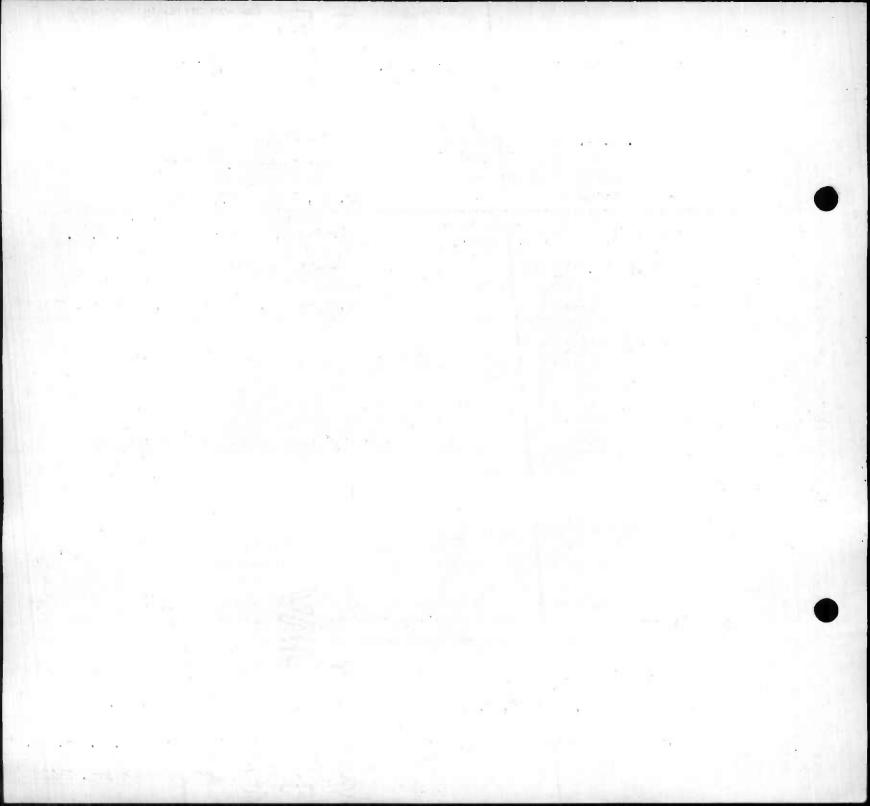
ADDRESS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

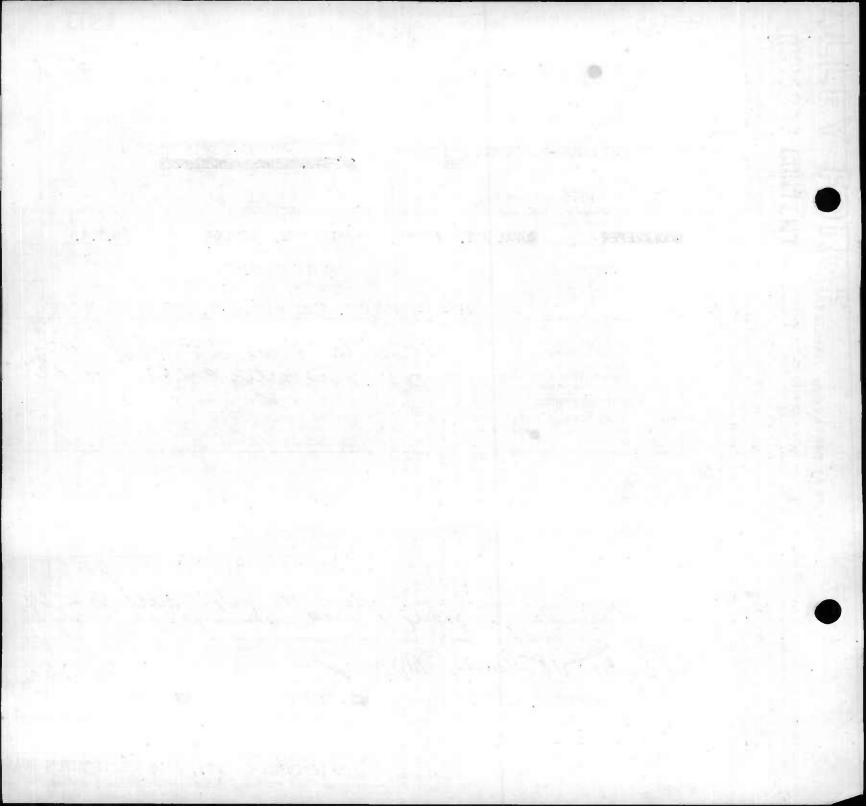
If Under 24 Hrs.

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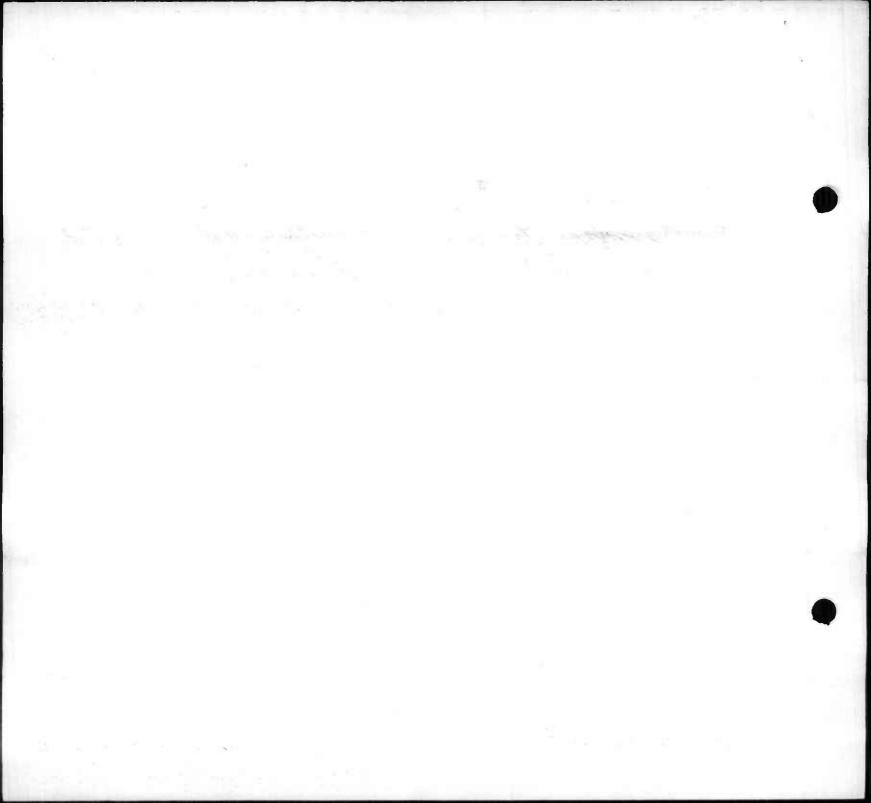
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	H-620 69 4	IXXX	HEALTH DEPARTMENT	REG. NO	69 4888
	TH NO.	CERTIFICA	TE OF DEATH	ND" HOUR OF DEAT	
	pe or Print)	RTHAI	2, DATE A	19/69	1045 1 M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR II SPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	15-12 NSIDE CITY LIMITS?
	Unice the mile prairie person	The Minama	BALTTMORE E. STREET AND NUMBER	2500 DEICT	YES A NO ERSTOWN ROAD
5.	HOUSE IN THE PINES-BELVE	HOME			
] 30 3	Prince Mark	RIED NEVER MARRIED WED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min,
	. USUAL OCCUPATION (Give kind of work 10B. KfN		11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
don	BOOKKEEPER ROYA	L ART. CLOTHS	BALTIMORE, M		u.s.A.
13,	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	MORRIS HARRIS		FANNIE RICH	ELSON	
15. (Ye	Was Docoosad Ever in U.S. Armod Forcas? s,no or unknown) (If yes, give wer or dotes of som	1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	216-09-3212A	_	WRENCE, 610	01 STUART AVENUE
NO	LEADING TO DEATH (This does not meen the mode of dying, heart failure, asthenia, etc. It means the distinguity or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, guise to the obove couse (A) stating UNDERLYING CONDITION lost.	(B) DUE TO, OR AS	A CONSEQUENCE OF:	eordis (De The
CATION	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION	NAL FOR WHICH OPERATION	20A. AUTOPSY? (Yos or N	lo) 20B, IF YES, WER	E FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING	AUSES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modicol exominer)	21B. PLACE OF fNJURY (o.g., i home, form, foctory, street, of etc.)	n or about 21C. WHERE DID INJURY OCCUR?	(If In Boltim	nore City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work Not While At Work		JURY OCCUR?	
	22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive	-1- 0	1969, and t	19 67 ta = 1 hat in(my) (aur) a	plnian death accurred an the date
	and have and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S	Atte	lew the bady after death.		23B. DATE SIGNED 5 9 6 9
	NAME (Type) LESTER N. KO			HEIGHTS	AVENUE
24/	BURIAL (Specify) 5-11-69	BNAT ISRAEL	BA	LTIMORE, MA	
25A	L DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	SOL LEVINSON	BROS., 6	010 REISTERSTOWN ROAD
VS	150-REV. 1/1/68				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	13-620 69 4889 CEPTIFIC	ATE OF DEATH REG. NO. 69 4889
1.1	NAME OF DECEASED PAULINE NAME OF DECEASED PAULINE	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OF STITUTION)	m. 26-44
-	37 Mary Harrital	C. CITYOR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER
	I TERRY TAO SHITTAI	6000 FRANKFORD. AUR.
-	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years Months Days Hours Min.
don	LUSUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRESS OF INDUSTRESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY New York M. J. J.A.
13.	FATHER'S NAME PUTTINGS CAREERS	14. MOTHER'S MAIDEN NAME
15.	Was Deceased Ever in U. S. Armed Forces? s,no of unknown) [If yos, give wer or doles of service) SECURITY NO.	Machel allamowaty
(10:	s, no of unknown) (III yos, give wer of doles of service) SECURITY NO. 118. CAUSE OF DEA	norman Jeffers Remeal forme Blackly
DICAL CERTIF	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving is to the above cause (AI staling the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	SA CONSEQUENCE OF: A CONSEQUENC
	22. I certify that (1) (this hospital) attended the deceased from	4-25 — 1969 to 5-10 1969
	that (1) (we) last saw the deceased alive on	0 - 19 69 and that in(my) (our) opinion death occurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did nat)	view the body after death.
	Physical Phy	ending Med. Stoff Director Phys. 5/11/69.
	23C. PHYSICIAN'S NAME (Type) PRAMUK TANTAYAPORNMD	MERCY HOSPITAL
Pes.	REMOVAL (Specify), 24B. DATE 24G. NAME of CEMETERY OF CR. SHOWAL-DUNG SIM/69 Beth Mos.	EMATORY 24D. LOCATION (City, town, or county) (State)
	MAY 13 1969 C 258. NAME OF REGISTRAR OF ALL CONTROL OF THE STATE OF TH	Sol Lermon Blad Inc Goro Custratoron Ed
VS 1	50-REV. 1/1/68	



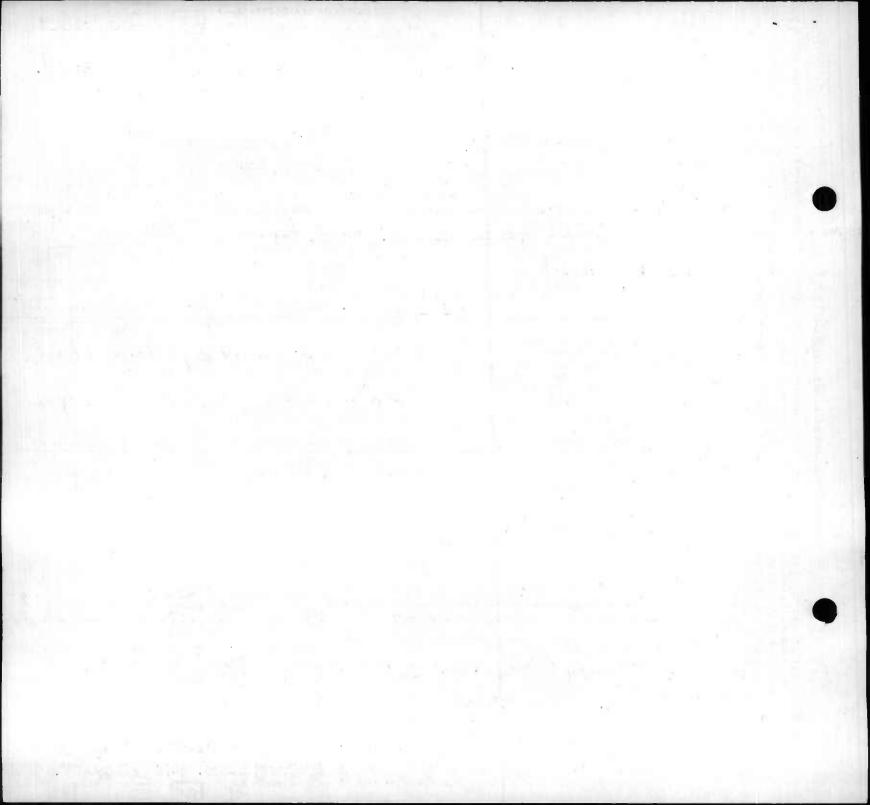
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	A-2417 00	BALTIMORE CITY	HEALTH DEPARTMENT	reg. No. 69	4000					
1	4-347 69	4890 CERTIFICA	TE OF DEATH	REG. NO. 03	4830					
1	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	4-12-4-11-1					
	TRVIN J. ADELSON MAY 9, 1969 3:10 A.									
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before of A. STATE B. COUNTY										
	FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	INSTITUTION ADDRESS OF ECCAT	1014)								
	SINAI HOSPITAL		BALTIMORE E. STREET AND NUMBER	YES	_ NO _					
	42		1210 WOODBO	URNE AVENUE #	21212					
S	SEX 6. RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Un	der 1 Yr. If Under 24 Hrs.					
	MALE WHITE	WIDOWED DIVORCED	MAY 2. 1919	50						
	OA. USUAL OCCUPATION (Give kind of work)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country) 12. Cl	TIZEN OF WHAT COUNTRY?					
		RNATIONAL HARVESTER	ZEBULON, NORTH	H CAROLINA	U.S.A.					
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1 E						
	MORRIS ADELSON		MAMIE VAUGHENT	DORF						
1	S. Was Deceased Ever in U. S. Armed Force Yes,no or unknown) (If yes, give war or dates	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
	YES W.W. II ARMY		MRS. ROSE ADELS	ON. 1210 WOODBO	URNE AVE. #12					
	18. 250 71	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
3	DISEASE OR CONDITION DIRE LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:									
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
	ANTECEDENT CAUSES	(B) Weller	sseleroles (01)	•					
	DISEASES OR CONDITIONS, if and rise to the above cause (A)		A CONSEQUENCE OF:	7	1/3/-4					
2	UNDERLYING CONDITION losi.	(c) Hear	ells melly	lus	roger					
	7		Ballet 19							
	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THI DISEASE OR CONDITION GIVEN IN PART	E TERMINAL								
		ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDING	S CONSIDERED					
	19A. DATE OF OPERATION 19B. COND	PRMED		IN CERTIFYING CAUSES O	F DEATH?					
5	U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i home, farm, factory, street, o	n or obout 21 C. WHERE DID	(If In Boltimore City, o	give exact lacation)					
3	O DEATH (notify medical examiner)	etc.)								
b	W OF INTITIES	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?						
	(APPROX)	White At Work Not White At Work	• 9	12	0					
5	22. I certify that (I) (this hospital)	1- 67	· June 1	96/10 May	1968.					
	that (1) (ast saw the deceased	alive on May	19 6 9 and the	at in (my) Loot) apinion de	eath accurred an the date					
	and haur and fram the causes state									
	234 SIGNATURE	a Tatian Atte	ending Med.	Shoff	ATE SIGNED					
5	Continue of the	DEGREE Phy	s. Director 23D. ADDRESS	Phys.	19/09					
	23C/HYSICIANS NAME (Type)	MATCHAD		TAWN BALA						
1	JUSEPH 24A. BURIAL CREMATION, 24B. DATE	MATCHAR DEGREE		TOWN ROAD / City, town	, or county) (State)					
	REMOVAL (Specify)									
	BURIAL 5-12-69	BALTIMORE NATION	AL BAL	TIMORE, MARYLANI	ADDRESS 2014					
	MAY 1 2 1969 (DAR TO M	SOL LEVINSON	& BROS., 6010 R	EISTERSTOWN ROAL					
F	/S 1SO-REV, 1/1/6B	WITCH LA WORDKAY The	· ,							

and my carded offers Endelen Cateroniules (1) Jeabeter hickeles

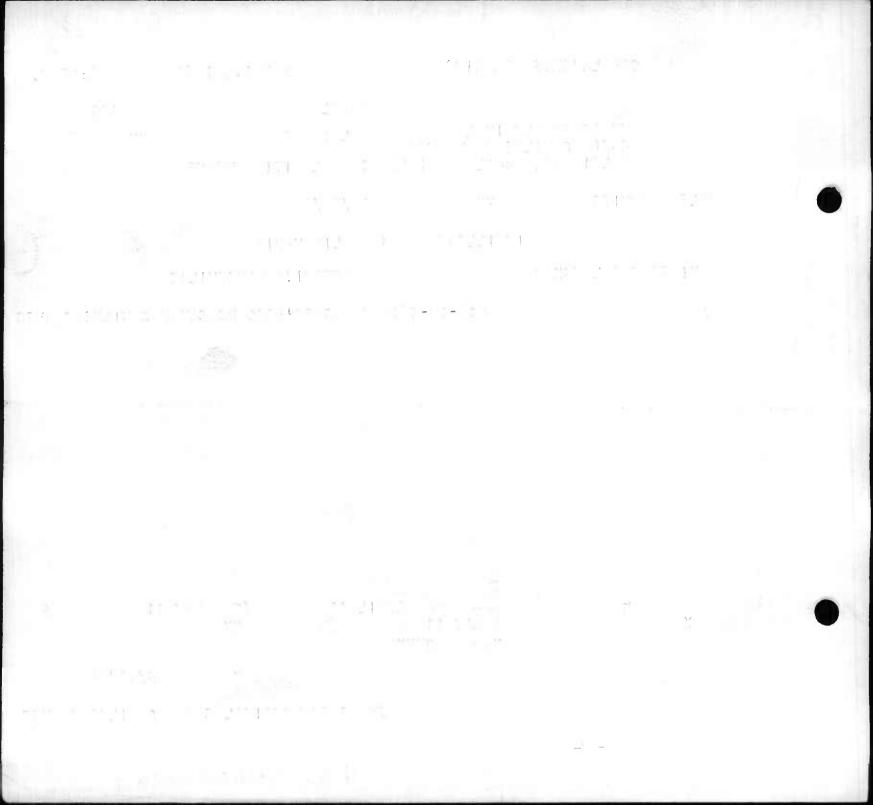
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BALTIMORE CITY HEALTH DEPARTMENT
69 4891 CERTIFICATE OF DEATH REG. NO. 69 4891
RTH NO. 2, DATE AND HOUR OF DEATH
JACOB J. GOLDMAN May 11, 1969 3:30 A.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmis A. STATE B. COUNTY
DILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MANUAL DATE OF TOWN IN THE PROPERTY HAVES
STITUTION D. INSIDE CITE EMILS:
4) Sinai Hospital Baltimore YES NO [
E. STREET AND NUMBER
2705 Bartol Avenue SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24
Male White WIDOWED DIVORCED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Haurs M
A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUntered in the state of working life, even if retired)
Controller Cats Paw Rubber Co. London, England
FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Simon Goldman Sarah ?
Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS Security No. Security No. 16. SOCIAL 17. INFORMANT Security No. 18. Se
No Mrs. Sarah Goldman 2705 Bartol Avenue #21
18. CAUSE OF DEATH APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A) IMMEDIATE CAUSE Proposation I have
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
injury or camplication which caused death.)
ANTECEDENT CAUSES (B) Cornery Ordery Disease 10 year
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE SELECTION OF THE SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING TO LOUR BLACE OF INJURY (1 - in re-th-u)21C WHERE DID.
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examiner) (If in Boltimore City, give exact lacation)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Not While
22. Legify that (I) (this hospital) attended the deceased from 19/04 to 3 - // 19/04
0 16
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff May 11, 1969
DEGREE PHYS. DIRECTOR PHYS.
23C. PHYSICIAM'S NAME (Type) Dr. Stanley Steinbach 23D. ADDRESS 11 Slade Apanue
DEGREE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Sta
REMOVAL (Specify)
Burial 5/12/1969 Beth El Memorial Park Randallstown, Maryland A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS
MAY 13 1969 () P 65 2 0 MD Sol Fevinson & Bros. 6010 Reisterstown R
150-REV. 1/1/68



This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such except what the remains are embalmed or final disposition is made.

	18TH NO. 69 4	1892	BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO	69	4892					
	ype or Printly GODALAUSKAS,			2. DATE AN	ID HOUR OF DEATH							
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR		MA Y	11, 1969	atitutia m. aa	8:35	Р.м.					
8.1	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	וועדודצא	ION, GIVE STREET	MARYLAND C. CITY OR TOWN			21230	amis sign/				
	ST AGNES HOS			BALTIMORE	J. 1143	YES K	NO					
	90 CATON & WILK BALTIMORE, M				A AVENUE	2	5-8	2				
	MALE WHITE WIDO	WED (NEVER MARRIED DIVORCED	10/26/88	9. AGE (in years last birthday)		1 Yr. II Unde Doys Hours					
de	A. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if refired)	D OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei	gn country)	12, CITIZ	EN OF WHAT	OUNTRY				
12	FATHER'S NAME	STIL	LERY	LITHUANIA	4							
11.				14. MOTHER'S MAIDEN NAM								
115	VINCE GODALAUSKAS	11.	6. SOCIAL	NASTASIJA 1	MONSTVILAS							
CA	. Wos Deceased Ever in U. S. Armed Forces? es,no or unknown! (If yes, give wor or doles of serv		SECURITY NO.	17. INFORMANT			ADDRESS					
-	NO	1	216-10-9619		CORDS CATO	1 3 NC	WILKENS	AVE				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH											
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE JUNEAU COUNTY C											
	ANTECEDENT CAUSES (B) Murth out les											
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION iast, (c) Interpretable Colic Fistula											
CATION	IV INE DEATH BUT NOT RELATED TO THE TERMINAL (DISEASE OR CONDITION GIVEN IN PART 1 (A).											
ERTIF	WAS PERFORMED	OR WH	ICH OPERATION	NO	20B. IF YES, WERE IN CERTIFYING CAL	INDINGS OF D	CONSIDERED					
CALC	OR CONTRIBUTING CAUSE OF DEATH Inofify medical examined	218, PL home, etc.)	ACE OF INJURY (e.g., in farm, faciory, street, off	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give	exact location)					
MEDI	21 D-TIME (Month) (Doy) (Year) (Houd OF INJURY IAPPROXI	21E IN While Work	At Not White	21F. HOW DID INJU	JRY OCCUR?							
22. I certify that (1) (this haspital) attended the deceased from APRIL 17 19 69 to MAY 11							19.	69				
	that M) (we) jost sow the deceased office and hour and from the causes stated above			1969and the	nt in ()(n)() (our) opin	ılan death	accurred on	the date				
ond hour and fram the causes stoted above. (1) (We) (did) (4(4/1)6) view the bady after death. 23A. SIGNATURE												
	Buken V. Lun	ea	MD DEGREE Phys.	ding Med. Director	Staff Phys.	05/1	1/69					
	23C. PHYSICIAN'S NAME (Type) RUBEN V. LUN	IA	1 1 2	D. ADDRESS				41/50				
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		E of CEMETERY of CRE	MATORY 24D. LO	CATION (Cit	y, fown, or	COUNTY)	AVES (Stote)				
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF	REGISTRAR COLEME	2900EUNERAL DIRECTOR			ADDRESS					
	MAY 13 1969 (140.)	r b	T.O.L. A.I	Thomas Jenry	Inc 1600 Ho.	llins.	St					
VS	150-REV. 1/1/68											

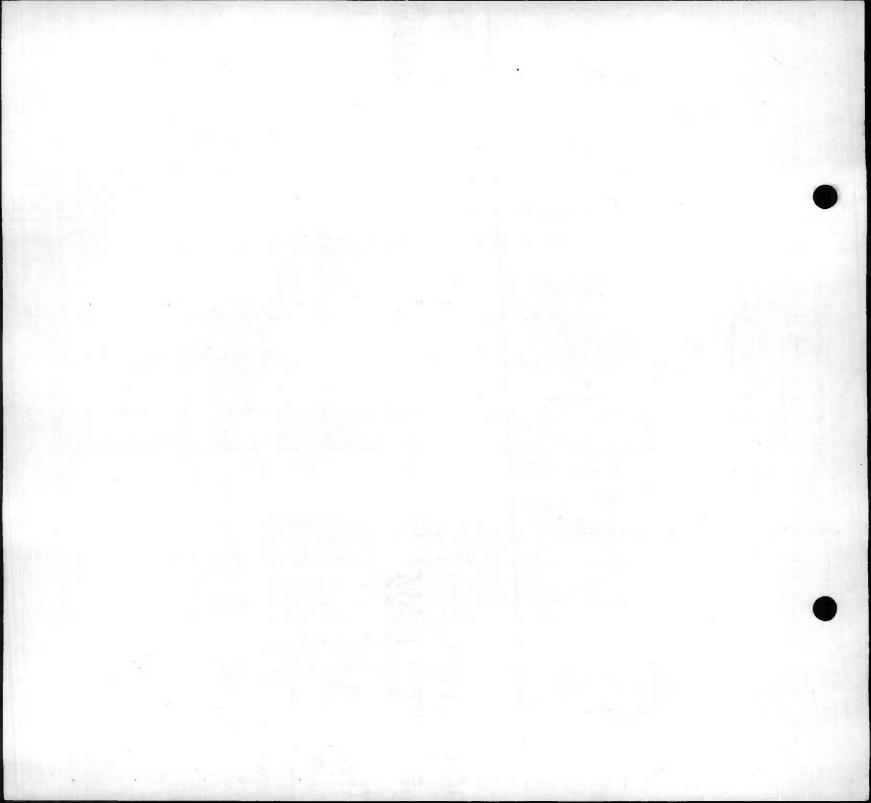


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMEN					
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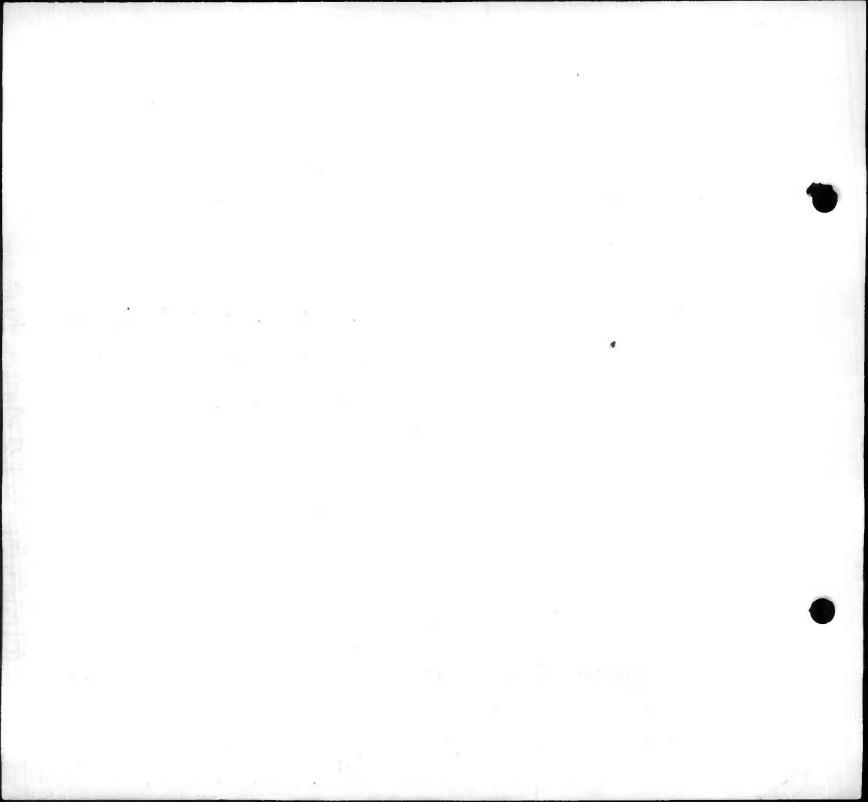
	ATE OF DEATH REG. NO. —	1,0
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	011
(Type of Print) MIGRIENE L. BINKARD	MAY 9,1969 2:30	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARULAND	11-01.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION		DE CITY LIMITS?
//// 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	BALTIMORE	YES NO
440 MION MEMORIAL HOGPITAL	327 E. 30TH STREET	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED	MXY 19.1901 68	
IDA! USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. SIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OLERK	MARGLAND 14. MOTHER'S MAIDEN NAME	U.5.k
13. FATHER'S NAME		
John Kelly	Mary Lee	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
No 21/-01-143	1 Milton A. Bankard 327 E.	30th St.
18. CAUSE OF DEA	ATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	axan va varion anana	A CONTRACTOR OF THE CONTRACTOR
(This does not mean the mode of dying, e.g.,	AUSE BASILAR ARTERY THROME	POSTS 18 YAYS
heart failure, asthenia, etc. 11 means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF.	
ANTECEDENT CAUSES		
(B)	AS A CONSEQUENCE OF:	
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5 6	P	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	S	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
13.	he	she	Na	9	W	
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VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO BIRTH NO. LNAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HAROLDB. KITZMILLER 5-10-69 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution residence before FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND BALTO C CITY OF TOWN D. INSIDE CITY LIMITS? BALTIMORE GEN. HOSP EDFE WOOD YES T NO SOUTH STREET AND NUMBER DERRY 5. SEX 6. PACE B. DATE OF BIRTH 9. AGE (In veors · MARRIED NEVER MARRIED Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min. lost birthdoy) MALE -2-06 WIDOWED DIVORCED 62 ICA. USUAL OCCUPATION (Give kind of work 10 R. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if telired) KETIRED Supervision VIRGINIA U5A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO. doewood, MD. Perru 18. CAUSE OF DEATH APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MINS. (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, osthenia, etc. It means the disease, injury at complication which caused death.) ACUTE MYOCANDIAL TNFARCTION
DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES HRS DISEASES OR CONDITIONS, if any, giving rise to the above couse (Al stating the ASCUD UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED NO 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimare City, give exact location) MEDICAL DEATH (natify medical examined) etc.) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX) Wark 22. I certify that (1) (this hospital) attended the deceased from 19 69 10 5-10 that (1) (we) lost sow the deceased alive on. ond that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (Me) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director 5-10-69 Phys. 23C. PHYSICIAN'S 23D. ADDRESS approv NAME (Type) DONACD W 800 DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specity) 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION (City, town, or county) {Stotel written 164 Vak Lawn emeteru 25A. DATE REC'D BY HEALTH, DEPT. 125C. FUNERAL DIRECTOR 258 NAME OF REGISTRAR LU Moran, Inc. Baltimore



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

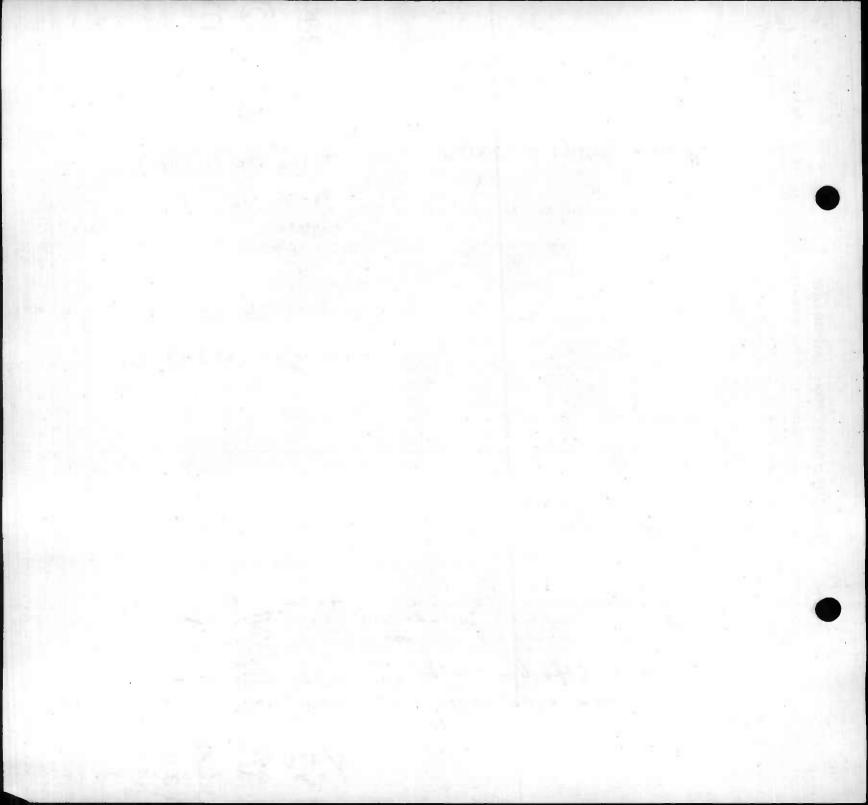
BALTIMORE CITY HEALTH DEPARTMENT 4895 CEPTIFICATE OF DEATH 69

69 4895 REG. NO.

I. NAME OF DECEASED				2, DATE AND HOUR OF DEATH					
					5-9-69 10,15 [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)				
FULL HOS INSTI	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION) A LIFE CONTROL OF THE PRONOUNCED DEAD A DORESS OR LOCATION)			TUTION, GIVE STREET	nery j c. city or to B21 fin	2nl 2	1216	VSIDE CITY	-09
Lutheran hospital of Ma			1 2 WEL	Alanī	30/21 Chelsea Terr				
S. SE	4.1	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF B		9. AGE (In years lost birthday)		er 1 Yr. If Under 24 h Doys Hours Min
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	during most of w	orking life, even if retir		F BUSINESS OR INDUSTR		inia	ign country!	12. C11	U.SLA.
Custodian 13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
	Armest	er Watkins	5			?			
S. W Yes,	as Deceased	Ever in U. S. Armed (If yes, give wor or	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMAN	NT			ADDRESS
	No	- Line		208-03-3206	Hattie	Mae Wat	tkins - 30	12½ Ch	elsea Terrac
	A DISEASES OF	NTECEDENT CAU R CONDITIONS,	ISES if ony, giving		S A CONSEQUE	NCE OF:			
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VS 150-REV. 1/1/68

Charles R. Law



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pproved by the chief medical examiner or his assistant if death occurred in a hospital) the hospital by a medical examiner. Also, if the direct or contributing cause of do	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decec	(except where the physician who pronounced death was in regular attendance on	; and (6) No physician was in regular attendance on the deceased prior to death. §	obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT 69 CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) JAMES LLOYD GRIFFIN MAY 11. 1969 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? BALTIMORE YES X NO SINAI HOSPITAL E. STREET AND NUMBER 3108 SECUOTA AVENUE 5. SEX 6. RACE 8. DATE OF BIRTH 2-24-1890 9. AGE (In years MARRIED NEVER MARRIED Il Under 1 Yr. Months: Days If Under 24 Hrs. lost birthdoy Male Colored WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Railroad Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Griffin Alice ? 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (II yes, give war or dotes of service) 17. INFORM ANT 6. SOCIAL ADDRESS SECURITY NO. No 717-07-7130 Mozella Griffin - 3108 Sequoria Ave. 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Ok (B).
DUE 10, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY le.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined elcJ (Month) (Doy) IYear) 21D. TIME (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23A, SIGNATURE 23B. DATE SIGNED Attending [V Med. Staff pproval Phys. Director Phys. DEGREE 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) OEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 5-15-69 Mt. Auburn Baltimore. Maryland

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Charles R. Daw 802 Madison Ave. VS 150-REV. 1/1/68

69 4897 BALTIMORE CITY HEALTH DEPARTMENT

EIR	TH NO.	MED	ICAL E	XAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	69	489	7
1. 1	NAME OF DECI	Harold Wil	lis		2. DATE OF DEATH	Known 🔀 Estimoted 🗆	Month 5	lo 10	1969	11:15	PM
FUL	L NAME OF	IMORE, MARYLAND, W (IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUT		3. DATE	NCED DEAD	Month 5	10 10	1969	Hour 11:15	PM _M
,	36	Franklin So	quare Ho	spital	A. STATE M	SIDENCE (Where aryland	deceosed l	B. COUNTY	18	efore odmiss	ion)
6. 5	Male	7. RACE Colored	WIDOWED			altimore		D. INSIDE C	ES X	NO 🗌	
4	OATE OF BIRTH	43 lost birthe	5 Mon	nder I Yr. If Under 24 Hrs. ths , Doys , Hours , Min.	3:	ND NUMBER 27 Carrol	lton A	ve.			
	BALI	ote or foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER'S	e14 +		NEY			
done	Abor E	orking life, even if retired)	@1V1C	BUSINESS OR INDUSTR	De	roth x		1115			
16. (Yes	s, no or unknown)	D EVER IN U.S. ARMED (If yes, give wor or dotes	of service)	17. SOCIAL SECURITY NO.	Down	by Wil	liam	2 327	n. Ca	irrolli	ton G
	19.	51X		CAUSE OF DEA	тн '					PPROXIMATE INT	
		OR CONDITION DIRECT	CTLY	_		ot Wound	S				
	(This does no heart foilure,	of meon the mode of dy osthenio, etc. It meons the plication which caused dec	diseose,	(A)IMMEDIATE O	AS A CONSEQU	ENCE OF:					
2	DISEASES O	TECEDENT CAUSES R CONDITIONS, IF ANY ABOVE CAUSE (A) STATE G CONDITION LAST.	, GIVING IING THE	(B) DUE TO, OR	as a conseq	UENCE OF:					
CERTIFICATION	TO THE DEA	II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL								
	2	OPERATION 208. CON		WHICH OPERATION W			ruse I			yes or	No)
EDIC	UNDERLYING UTING CAL		5	PLACE OF INJURY(e.g., e, form, foctory, street, offic street	_	.010 W.Sai	ratoga	St., f	ront s	teps /	8-02
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			nquiry 🗍		topsy 🗓	ond that an th		death in my			
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	SIGNATU EXAMINE NAME (Ty	R'S Werne	r U. Sp	Ditz, M.D.		CIATE MEDICAL E			May 11	, 1969	

24A. BURIAL CREMATION, 24B. DAJE REMOVAL (Specify)

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county)

25A. DATE REC'D BY HEALTH DEPT.

BURIAL

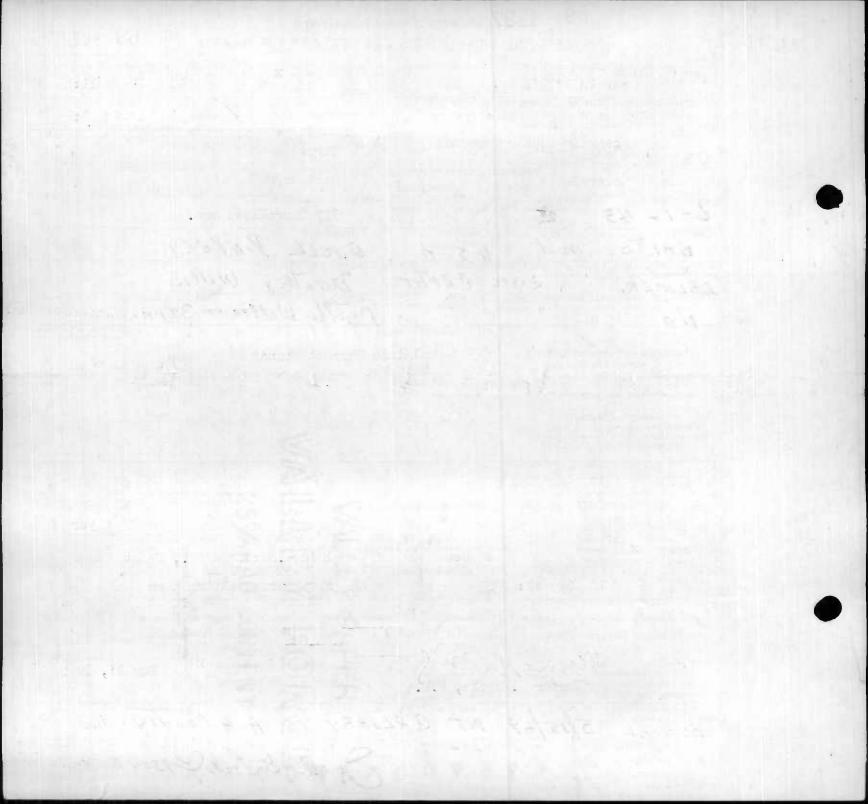
258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/68

ADDRESS



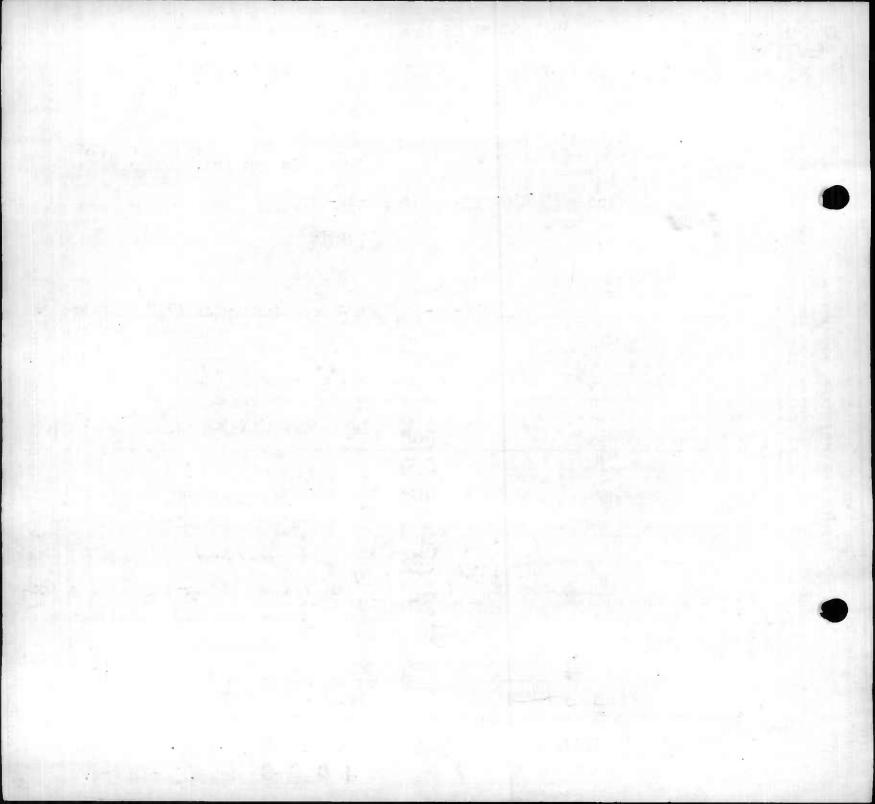
3 1969

VS 150-REV. 1/1/65

00		HEALTH DEPARTMENT	60 4600
BIRTH NO. 69	4898 CERTIFICA	TE OF DEATH Registered No.	.69 4898
M.E. CASE NO.	<u> </u>	2. DATE AND HOUR OF DEATH	
(Type or Print) JAMES LINE	SEY SR	May 10. 1969	AA.
3. PLACE OF DEATH IN BALTIMORE, MAK	MLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME DF (If not in hospital of HOSPITAL OR oddress or location)	or institution, give street	Maryland c. CITY OR TOWN (If outside city limits, write	RURAL and give township)
Mt. Sinai Nursing	Home	Baltimore D. STREET ADDRESS (If rurol, give locotion)	
90		4709 Delaware Ave.	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M Negro	Widowed	7-15-81 87	
10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
		Georgia	
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME	
Unknown		Unknown	
(Yes, no or unknown) (If yes, give wor or dotes	es? s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	316-05-3009	Mr James Lindsev Jr 4	709 Delaware A
18.4.12 21	CAUSE OF		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	ECTLY)	le inclaration	S I a
LEADING TO DEATH (This does not mean the mode of	(A) ++	the 13cm ea	C) Meron
heoit failuie, asthenia, etc. It means	the disease,	x1:6112001110	~ 0
ANTECEDENT CAUSES	death.)		
	DUE TO		
DISEASES OR CONDITIONS, if a lise to the obove cause (A) UNDERLYING CONDITION last.		Hersenal (6)) Jeen
II		3 4	1 200
OTHER SIGNIFICANT CONDITIONS CO	TED TO THE	furtimy of	hickey?
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DEATH		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERL	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (II in Boltime fice bldg., INJURY OCCUR?	ore City, give exact location!
O 21D. TIME (Month) (Doyl (Year)	(Hour 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Work At Work	:0/16/10	-/2 /2
22. I certify that (I) (this hospital)	attended the decepsed from	2/10/10/5 19 10 5	15 19
that (1) (we) last saw the deceased	d alive on	19 0 and that in (my) (aur) a	inian death occurred on the dote
and have and fram the causes state	ed abave. (1) (We) (did) did nat) v	iew the bady after death.	
23A. SIGNATORE	M.D. Atte	ending A Med. Stoff	23B. DATE SIGNED
23C. PHYSICIAM'S NAME (Type)		s. Director Phys. 123D. ADDRESS	
1931	J M.D.	000	
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION	City, town, or country) (Stote)
Burial 5/14/6	9 Mt Auburn Cem	netery Balto., Md	ADDRESS

6 March

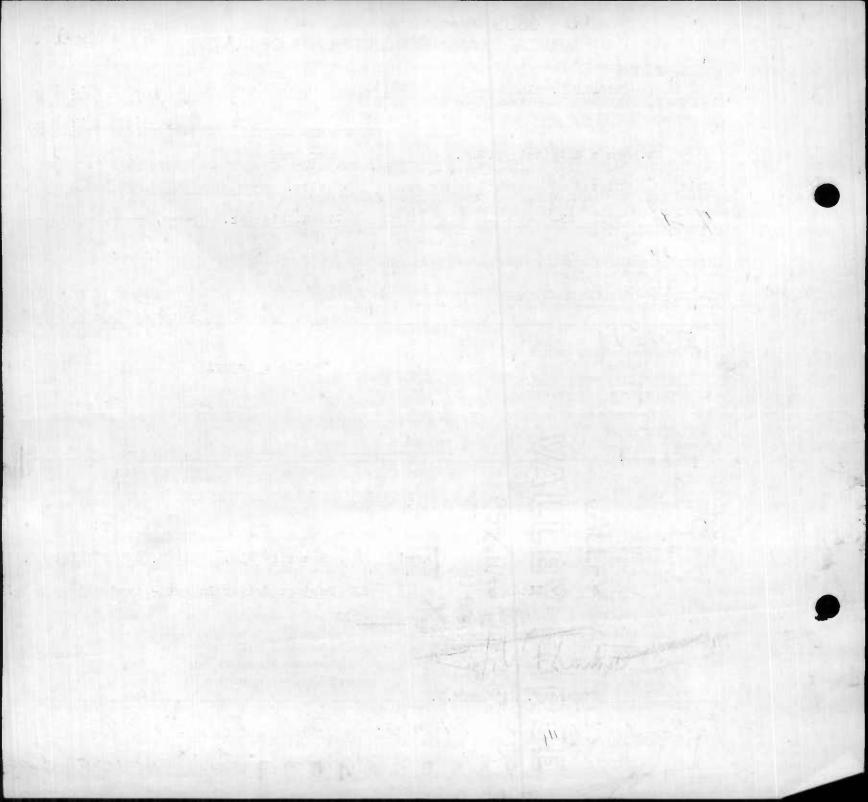
928 E. North Ave.



69 4899 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	4899

BIRTH NO.		ALDICAL L	AAMII YER O	CLKTIII	CAILOI	DEAT	REG. NO			
1. NAME OF DEC	EASED			2. DATE	Known KX	Manth	Day	Year	Hour	
(Type or Print)	ROBERT	L. HILL		OF DEATH	Estimated	5 6		69	12:08	TOM
4. PLACE IN BAL		ND, WHERE PRON	DUNCED DEAD	3. DATE		Month	Day	Yeor	Haur	EAVI.
FULL NAME OF	(IF NOT IN H	OSPITAL OR INSTITUTI		PRONO	JNCED DEAD		6	1060	1 2.00	
HOSPITAL OR INSTITUTION	ÀDDRESS OR	LOCATION)		5 HEHALD	ESIDENCE (Where	May	6,	1969	1 2:08	
				A. STATE	COIDEIACE (Mile)	e deceased in	B. COUNTY	in. residence t	eiore dullissi	uitj
	. Agnes Ho		0.A.		Maryland			7-	08	
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	CITY LIMITS?		
Male	Colored	WIDOWED	DIVORCED .		Balto.		1	YES 🔲	NO 🗌	
9. DATE OF BIRT		GE (In years # U birthday) Mon	nder 1 Yr. If Under 24 Hrs. ths Days Hours Min.	E. STREET	ND NUMBER					
4/21/		22	lins boys inours i mini.	7	21 E. 21s	t St.				
1 I BIRTHPLACE	Itate or fareign cou		CITIZEN OF	13. FATHER						
No	C		WHAT COUNTRY?	F	da 16	00			40	
14A.USUAL OCCU	PATION (Give kind	of wark 14B. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
dane during most of v	varking life, even if re	etired)		en.	, ,					
16. WAS DECEAS	CLOUR	ADMED FORCES	17. SOCIAL	18. INFOR	MARIT	_		ADDRESS	- 10	
(Yes, na ar unknawn)	(If yes, give war ar	dotes of service)	SECURITY NO.	1	1	1.00	91112	7 4	1 4/1	de
				MIM	an 19	me a	400	2048	K 1160	LUZZE
19 8/	501		CAUSE OF DEA	ATH "				BETW	PROXIMATE INTO	D DEATH
DISEAS	E OR CONDITION	DIRECTLY								
	LEADING TO DEA	TH	(A)IMMEDIATE	CAUSE	Multiple	injur	ies			
	ot meon the mode, osthenio, etc. It me			AS A CONSEC						
	nplication which cou									
A.	NTECEDENT CAUS	EC	<i>t</i> =1							
	OR CONDITIONS,		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				***********	
RISE TO THE	ABOVE CAUSE (A) STATING THE						- 1		
Z	10 CONDITION	LAST.	(C)		**************					
OTHER SIGN TO THE DE DISEASE OR 20 A. DATE OF	II									
TO THE DE		ONS CONTRIBUTING TED TO THE TERMINAL						TV III		
DISEASE OR	CONDITION GIVE									
20 A. DATE OF	OPERATION 208	. CONDITION FOR	WHICH OPERATION W	AS PERFORM	IED			21. AUTO	PSY? (Yes or	Na)
								7	YES	
	NAL CAUSE WAS	22B.	PLACE OF INJURY (e.g., e, farm, foctory, street, office	in ar about	2C. WHERE DID	(If in Baltimo	re City, give e	xact location)	5.3	-0.3
	USE OF DEATH.	num	Road	ce blag., etc.) i	Security	Blv.	1466' W	of Co	olonial	Rd.
≥ 22D. TIME	(Manth) (Doy)	(Year) (Hour) 2	ZE.INJURY OCCURRED	1 5 2	2F. HOW DID IN					200
OF INJURY (APPROX.)	5 6	69 11:43 _{m.}	WHILE AT NOT	WHILE WORK XX	Subject d	rinor	in outo	-fixed	object	001
23.	3 0	09 II.45m.p	WORK L. AIV	WORK ALAJ	subject a	LIVEL	III auto	-IIXed	object	COL
I cert	ify that I held a	n Inquiry	Inspection Au	topsy XX	and that on t	his bosis,	death in my	y aplnion		
	ted from: Natura		ccident XX Suici				ned monner			
resur	red from: North	1 cooses L	Coldent (24t 301ch		CHIEF MEDICAL					
ACTUAL	J. K. B	VITINI	11 -						DATE SIGN	ED
SIGNATI		091101	M.C),	STANT MEDICAL					
EXAMIN		1		ASSC	CIATE MEDICAL	EXAMINER		10.100		
NAME (1	and out it.	ard F. Wils	SON M.D.	or CDEMATO	DV () 1240	LOCATION		6/69) (State	
REMOVAL (Speci		1 2	O CEMETERY	Sall	1 140.	/ CATION	/ City, 101	Sa Sa	(Sidie	,
1200	ed ma	111, 1/29	Moutus	Men	1ack	Uls	ulu	1 /ng		
25A. DATE REC'D	BY HEALTH DEPT,	1 258 NAME	OF REGISTRAR	25C.	FUNERAL DIRECT	OR		ADDRESS		
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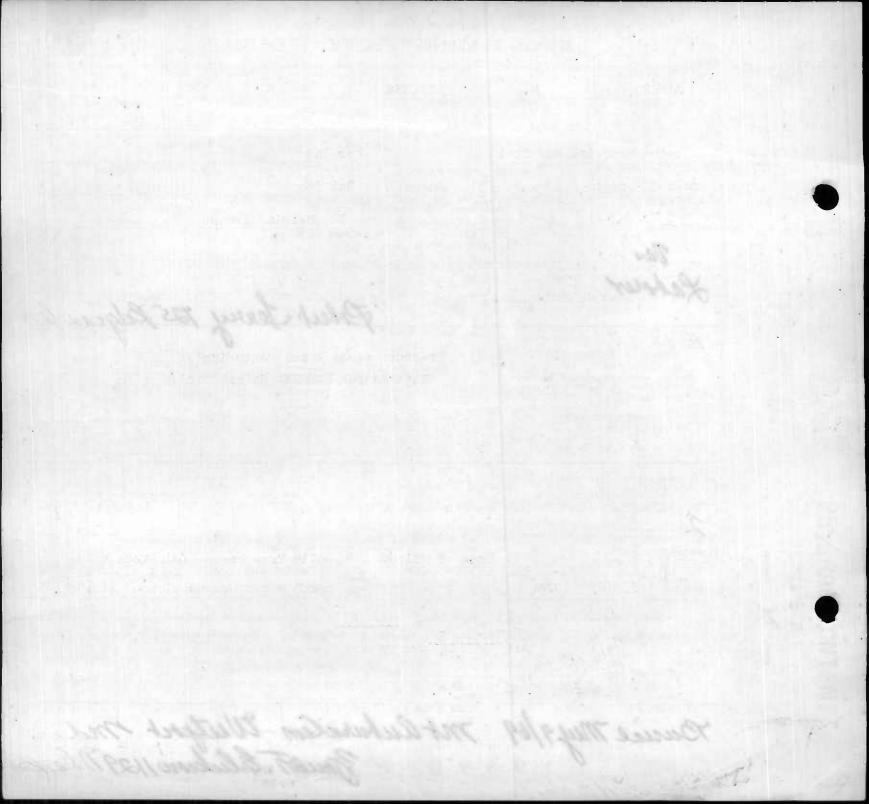


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69 4900 BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO		MEDI	CAL	MMMAX	EK 3	LEKTIFI	CATE OF	DEATE	REG. NO.		100	
BIRTH NO.	EASED					2. DATE	Known []	Month	Doy	Yeor	Haur	
(Type or PJAMES			W.		RUCKER	OF.	Estimated 🔯					Μ.
4. PLACE IN BALT	IMORE, MA	RYLAND, WI				3. DATE		Month	Doy	Yeor	Haur	M.
FULL NAME OF	(IF NO	TIN HOSPITAL	ORINSTITU	TION, GIVE STR	EET	PRONO	UNCED DEAD	May	5.	1969	2:45	5 D
OR INSTITUTION	ADDRE	SS OR LOCATI	ION)			5. USUAL R	ESIDENCE (Where					
		ial Hos				A. STATE Mary	land	В	COUNTY	2	7-10	2_
6. SEX	7. RACE		B. MARRIED	NEVER MA	ARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
male	negr	0	WIDOWED		ORCED 🗌	11	ltimore		Υ	ES X	NO 🗆	
And 73	1921	10. AGE (In last birthday 48		Under 1 Yr. If Un anths Doys : Ho			and number 25 Belgiar	Avenue	. U.J		1	
BIRTHPLACE (S	tate ar fareig		12.	CITIZEN OF WHAT COUN	TRY?	13. FATHER		- IIV GII de				
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done during most of w			4D. KIIND O	L DO3114E33 O1	KIINDOSIK	1 3. MOTHE	K 3 MAIDEN INA	IME				
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(Yes, no ar unknawn)				17. SOCIAL SECURIT	TY NO.	18. INFOR	Cech to	HHU	725	Dola	u an)	Core
19.	74.			CAUS	SE OF DEA	TH		1			PPROXIMATE IN	
DISEASE	OR COND	ITION DIREC	TIV	₽.		E N	-11 0-	V		9		DEATH
	LEADING TO				MMEDIATE		ck and Co	ntusion	oi			
heort foilure,	osthenio, etc.	made of dying. It means the consed deot	diseose,			MEXAXXXXXX	IXEXIXEX S	pinal (ord		e een die-nie _{olige pla} -die nie een een een een een een ee	an de same en de de CO en CO e
	NIECEDENT	CAUSES ONS, IF ANY,	CIVING	(B)	LIE TO OR	AS A CONSE	OUENCE OF:					
RISE TO THE	ABOVE CAL	USE (A) STATI	ING THE		OE 10, OK	A3 A CONSE	GOENCE OI.					
Z	IG CONDITI	ON LAST.		(c)_								
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF		II										
OTHER SIGN		RELATED TO 1										
DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).									
20A. DATE OF	OPERATION	1 20B. CON	DITION FO	R WHICH OPE	RATION W	AS PERFORA	MED			21. AUTO	OPSY? (Yes o	or No)
											Yes	
O HAIDERIVING	VAL CAUSE		22E har	B. PLACE OF IN	JURY (e.g., street, affic	in or obout	22C. WHERE DID	(If in Boltimore	City, give ex	oct lacation)		27-11
□ UTING □ CA				home of	frien	d	4710 Yor			York	Road)	, (
≥ 22D. TIME (OF INJURY		oy) (Year)		22E. INJURY O	CCURRED	(2)	22F. HOW DID IN		Sub	i. fel	1 from	
(APPROX.)	5/5/69) UN	K m.	WHILE AT WORK	NOT AT V	WHILE X	porch aft	er cons	umptio	n of a	1coho1	
23.	the above 1 le	ald as to					d aba a	his basis i	al. :			
	ify that I h		quiry	Inspection	-	tapsy 🗶	and that on t					
result	ed from: N	aturol caus	es	Accident X	Suicio			Undetermin				
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SIGNATI	JRE UU	VIC SU	1	711	M.D	ASS	STANT MEDICAL	EXAMINER [X		-1010	
EXAMINE NAME (T	L L	Verner	U. Spi	tz, M.D.		ASSO	OCIATE MEDICAL	EXAMINER (5/6/6	9
24A. BURIAL CREA REMOVAL (Specif		4B. DATE	1	24C. NAME of	CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county	(Sta	ite)
The Capecin	107	1111 9	169	mi	-111	KILLA	Kom	Ulli	TARI	1 1	me	
25A. DATE REC'D	BY HEALTH I	DEPL	25B. NAM	NE OF REGISTR	RAR	25C.	FUNERAL DIRECT	OR	11.	ADDRESS	14	
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FUNERAL DIRECTOR:

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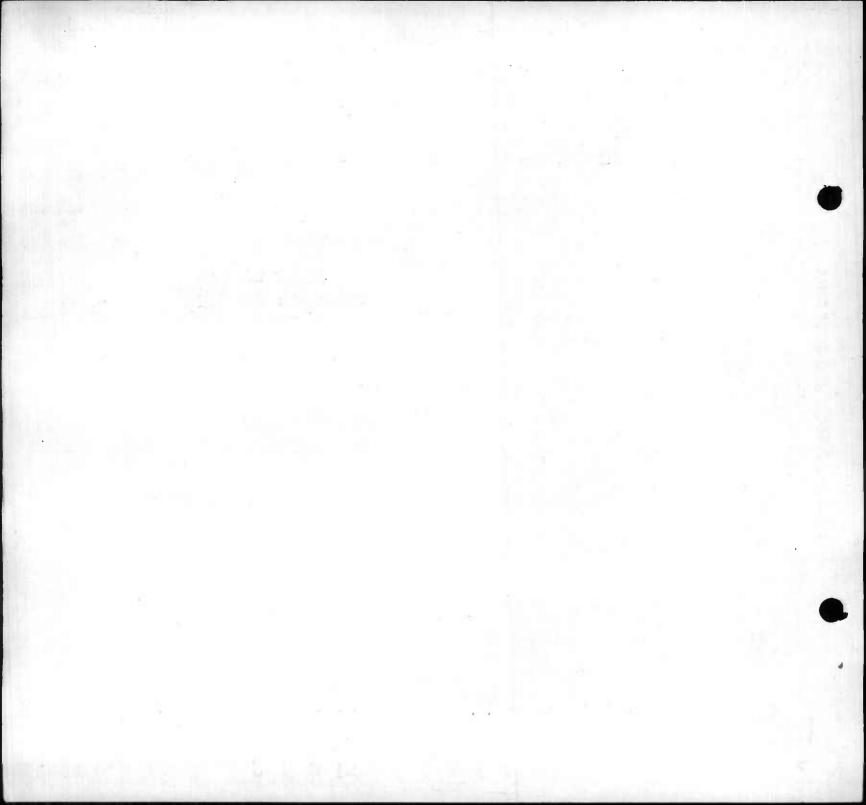
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BALTIMORE CITY HEALTH DEPARTMENT 4901 CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) ATRICIA POWLETT USUAL RESIDENCE (Where dedeosed lived, Il institution; residence before 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Mmicrian B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland CITY OR TOWN HOSPITAL OR D. INSIDE CITY LIMITS? Baltimore City Hospitals YES X Baltimore NO 4940 Eastern Ave E. STREET AND NUMBER Baltimore, Maryland #21224 127 South Exeter Street #21202 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. 5. SEX B. DATE OF BIRTH 6. RACE 7. MARRIED NEVER MARRIED Hours ost birthdov WIDOWED emale 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Terry Mary Cornegie ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT 4940 Eastern Ave (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. BCH Records: Baltimore, Maryland #21224 212-40-1975 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY GUKGTHI LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC, 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If In Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While (APPROX.) At Work Work 22. I certify that (1) (This haspital) attended the deceased fram that (1) (we) last saw the deceased alive an. and that in (my) (aur) opinion death accurred on the date and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must 238, DATE SIGNED 23A. SIGNATURE Attending approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Baltimore City Hospitals DEGREE 4940 Eastern Ave Baltimore, Maryland #21224 Benjamin Lechner M.D. 24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) ADDRESS NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



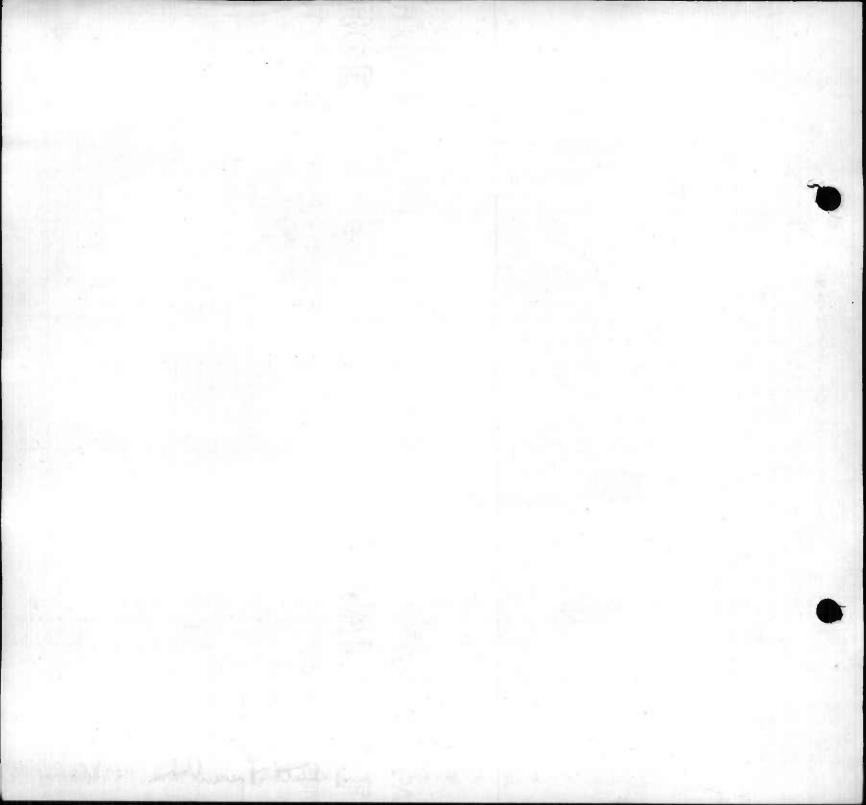
BALTIMORE	CITY	HEALTH	DEPARTMENT
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REG. NO.	00	400
	69	490

	69 49	CERTIFICA	TE OF DEATH	REG. NO	69 4902
	H NO. AME OF DECEASED			ND HOUR OF DEATH	
(Тур	e or Print) \al act- \ \al \	FAN	5	19/69	7:35 AM
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PR	NOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before admission)
	A MANAGE AND MORE THAN OR IN	CIVE STREET	Harris	4	10-02
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
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	Maryland Groneral	ttosp; tal	E. STREET AND NUMBER		
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. s	EX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE In years	tf Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
	4.1	WED DIVORCED	9/24/85	lost birthdoy)	None Page 1
	USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
one	during most of working life, even if retired)		AMBAGO.		
2	Mch-		14. MOTHER'S MAIDEN NA	LAAF	
٥.	FATHER'S NAME		7	CIVIE	
	Denn		,		
5. Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		216-09-57	19 daughter	1 patient	deceased
-	18. / / / / / / /	CAUSE OF DEAT	H	V	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	ISE Corona	ry insul	ciency
	(This does not mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	1	1/
	heart failure, asthenia, etc. It means the dis- injury or complication which caused death.)	ease,			
	ANTECEDENT CAUSES				
П	DISEASES OR CONDITIONS, if any, g	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
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	UNDERLYING CONDITION last,	(C)			
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TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI				
⋖	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A ALIZOBEY2 (Voc. o. b.	200 IE VEC WEDE	FINDINGS CONSIDERED
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CAL	DEATH (notify medical exominer)	etc.)			
EDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
\$	(APPROX.)	While At Not While At Work			
	22. I certify that (1) (this hospital) attend	led the deceased from	3/17/	19 69 to	5/9/ 1969
		- 1-	1967 ond 1		nion deoth occurred on the dote
	that (I) (we) lost sow the deceased alive		The second secon		mon death occurred on the date
	ond hour and from the couses stated abo	ve. (I) (We) (did) (did not) v	riew the body ofter death	•	23B. DATE SIGNED
	23A. SIGNATURE		ending Med.	Shaff	5 10 100
	23C. PHYSICIAN'S	Sac GEGREE Phy	s. Director L	Phys.	0/9/07
	NAME (Type)		M. a. Pa	10	1 Hospital
244	BURIAL CREMATION, 24B. DATE , 2	IC. NAME of CEMETERY OF CR	EMATORY 2 124D.	LOCATION (C	ity, town, or county) (Stote)
	REMOVAL (Specify)	Q. 1 + 5	n. fal	1.1.1.	mil
	Dureal 1/1/18/13/69	Urbulu0/1	fem, lack a	www	1110:
25A	DATE REC'D BY HEALTH DEPT 258/NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	PRD O :	ADDRESS

VS 150-REV. 1/1/68

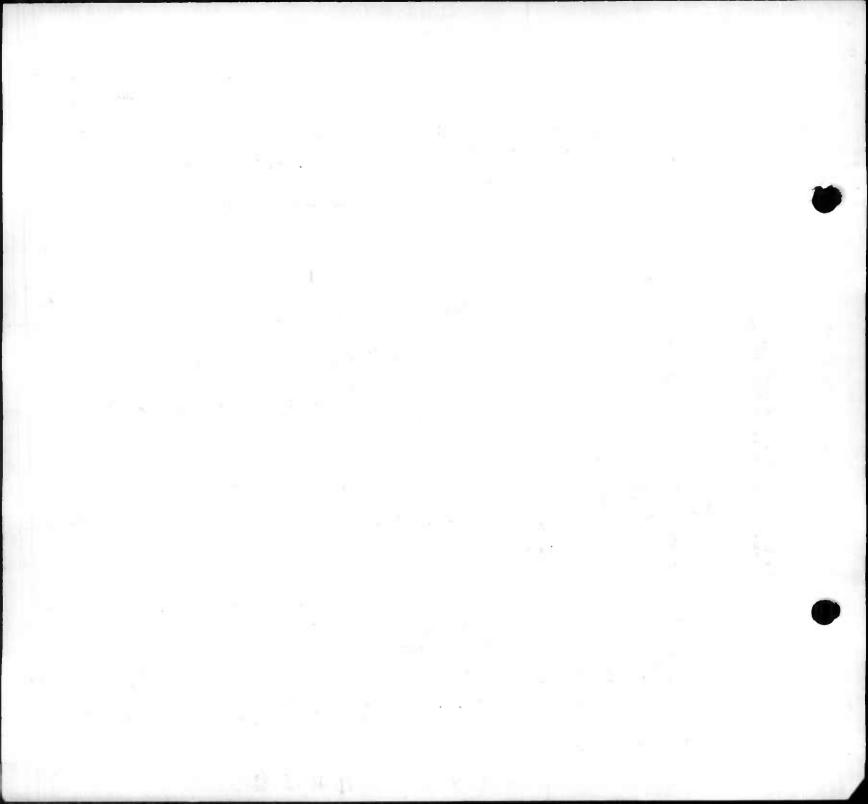
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pital and of death Deceased te on the ath. Such	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNT
ause ex (5) ex (5) denc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 8-33
ca ca	THE JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? NO
dica dica dica rrat rrat prior	33 BALTIMORE, MD 21205	E. STREET AND NUMBER 2624 E. BIDDLE STREET
ad a b	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lif Under 1 Yr., If Under 24 Hrs. Manihs! Days Haurs; Min.
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if death rect or c (4) Undet was in the dec	done during most of working life, even if retired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
f de ct ct ct cv vas	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
## # E #	TOM MCCOY	MAGGIE
starte dind	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dotes of service) 27-14-2212	17. INFORMANT ADDRESS
s assi n if the any k ced d ndanc	18. A CAUSE OF DEATH	
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Xamicami A fr who reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	ensive cardiovas cular discese 3 years
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chief Body the ysici	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tor for	OP CONTRIBUTION CALLES OF	
pt atture (6)	21D-TIME (Manth) (Doy) (Year) (Haud) 21E INJURY OCCURRED While At Wark At Wark	21F. HOW DID INJURY OCCUR?
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ba to be	that (\$ (we) last saw the deceased alive an May 10	19 69 and that in (may) (aur) opinion death occurred on the date
eased to ident of ident of nospital must be mu	and have and from the causes stated above. (1) (We) (did) (did net) vi 23A. SIGNATURE	ew the bady after death. 238, DATE SIGNED
30.00	Physical Phy	ding Med. T Staff T
y was rel 1) An acc 3.A. at a d prior to		3D. ADDRESS
Y W	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	Johns Hopkins Hospital MATORY 24D. LOCATION (City, town, or county) (Stole)
body v ws: (1) D.O.A D.O.A Ten ap	12 unal May 5/69 arbutu Mem	PICIL
This certithe body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	VS 150-REV- 1/1/6B	Morales To Defleon 1129 11. Chester ST



8-240

VS 151-REV. 1/1/68

69 4904 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

69 4904

/	CERTIFICATE OF DEATH REG. NO.	7
I. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour	
(Type or Print)	OF 5 0 00 000	2
CAMMIE E. BOSWELL 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour	a.M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD May 9, 1969 2:0	0 0
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admiss	
T. 1. 1. 1. 1. D.O.A.	A. STATE B. COUNTY	
Johns Hopkins Hospital D.O.A. 6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland 0-75	-
Male Colored WIDOWED DIVORCED L 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr	Balto. YES W NO	
lost birthdoy) Months Doys Hours Min	n.	
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	2733 Beryl Ave.	
WHAT COUNTRY?	13. FAITHER 3 IVANILE	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OF INDUST	IVEFF DOSWELL RY115. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)		
Laborer CONSTRUCTION	ENMA Tisdale	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
NO 223-14-002:	Margaret Boswell 2733 Beryl Ave	20
19. CAUSE OF DE	APROXIMATE INT	
DISEASE OR CONDITION DIRECTLY Arterios	sclerotic cardiovascular disease	
LEADING TO DEATH	ECAUSE	
	R AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (R)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(c)	~ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		~~~~~~
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or	r No)
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₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)	
UNDERLYING OR CONTRIB. home, form, foctory, street, of	fice bldg., etc.) INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	D 22F. HOW DID INJURY OCCUR?	-
OF INJURY	OT WHILE	
(APPROX.) m. WORK AT	WORK L	
I certify that I held on Inquiry Inspection XX A	Autopsy and that on this basis, deoth in my apinion	
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resulted from: Natural causes 1-1- Accident Suice		
ACTUAL A A A A A A A A A A A A A A A A A A	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX	IED
	I.D.	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 5/9/69	
NAME (Type) Ronald N. Kornblum, M.D.		(0)
REMOVAL (Specify)	240. COCHOTA (CHY, TOWN, OF COUNTY) (STOR	~/
Removal 5-12-69 Mt. Olive C	emetery Victoria, Virginia	
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	-
med 13 1969	Roudsleh D. Rollick 24316. Oliver St	4
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occurred in a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

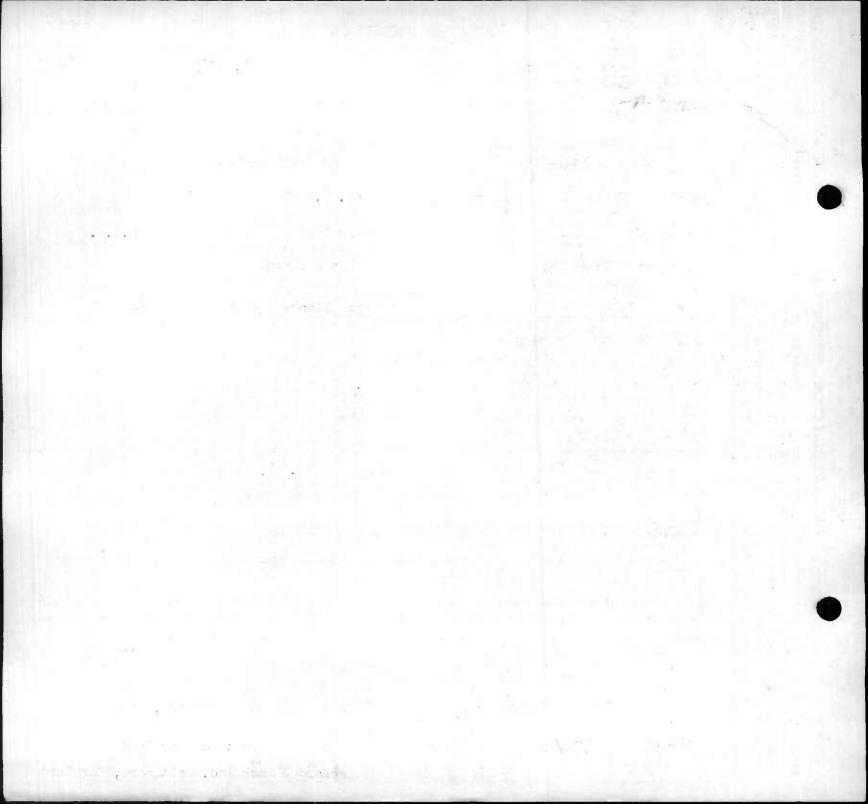
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BIRT	TH NO.	0	3 430	CERTIFICA	TE OF DEATH	K20.110.	
	AME OF DECE					AND HOUR OF DEAT	7:30 J
		Bertha W DeC				11, 1969	
3. P	PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRONOU	NCED DEAD	A. STATE B. CO		institution: residence before od
FUL	LL NAME OF	(IF NOT IN HOSPI'	TAL OR INSTITU	TION, GIVE STREET	Maryland c. City or town	In 18	26-21
INS	NOITUTITE				Baltimore	D. II	VEST NO
					E. STREET AND NUMBER		15345 140
1) 50	000 Hamilton	Ave		5000 Hamilt		
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under Months: Days Hours
F	emale	White	WIDOWED	DIVORCED	Nov. 7,1897	71	
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	oreign country)	12. CITIZEN OF WHAT CO
	 during most of v Housewif 	vorking life, even if retired)			Maryland		U.S.A.
	FATHER'S NAM		1		14. MOTHER'S MAIDEN N	AME	U . U . A.
		ard Schaeffer	r		Ida J Swann		
16				14 50 5141			ADDRESS
		(If yes, give wor or dat		SECURITY NO.	17. INFORMANT		WDDKE22
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		asthenia, etc. It means plication which coused		A 1 .			
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MEDICAL CERTIFIC	DISEASES On ise to the UNDERLYING OTHER SIGNIFTO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and	R CONDITIONS, if obove couse (A) CONDITION lost. II ICANI CONDITION S CONDITION S CONDITION SIVEN IN PA OPERATION 198. CONDITION 198. CONDITION GIVEN IN PA OPERATION 198. CONDITION 1	ony, giving stoling the Stoling the Stoling the ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WRFORMED 21B. home etc.) (Hour) 21E. Whill Work work of the Stolen	DUE TO, OR AS (C)	in or obout 21C, WHERE DID office bldg., INJURY OCCUR 21F. HOW DID ite 19 9 ond view the body ofter deof	No) 20B. IF YES, WEI IN CERTIFYING () (If in Boltin) (If in Boltin	Sur
MEDICAL CERTIFIC	DISEASES OF ISE TO THE SIGNIFT TO THE DEATH DISEASE OR CO. 19A. DATE OF OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	R CONDITIONS, if obove couse (A) obove couse (A) CONDITION lost. I CANT CONDITION 5 CC H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COI 198. CO	ony, giving stoling the Stoling the Stoling the ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WARFORMED 21B. home etc.) (Hour) 21E. Whill Work on the odd live on the obove. (I) OSSMAN Ja	DUE TO, OR A: (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID ond view the body ofter decidents. Med. Director 22D. ADDRESS 1101 St Paul	No) 20B. IF YES, WEI IN CERTIFYING () (If in Bolling) (If in B	Sur
MEDICAL CERTIFIC	DISEASES Onise to the UNDERLYING OTHER SIGNIFTO THE DEATH DISEASE OR CO. 19A. DATE OF OR CONTRIBUTE 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	R CONDITIONS, if obove couse (A) obove couse (A) CONDITION lost. I CANT CONDITION 5 CC H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COI 198. CO	ony, giving stoling the stoling the DNIRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WRFORMED 21B. hammed. Whill Work work of the ded alive on cotted above. (1) OSSMAN J1 24C.NA	DUE TO, OR AS (C)	in or obout 21C, WHERE DID office bidg., INJURY OCCUR 21F. HOW DID 21F	No) 20B. IF YES, WEI IN CERTIFYING () (If in Bolling) (If in B	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exoct location 19 23B. DATE SIGNED 5-13-69 Te, Maryland (City, town, or county)

Frederick Maryland

25C. FUNERAL DIRECTOR ADDRESS

Lebnard PRuck Inc. Baltimore, Maryland

VS 150-REV. 1/1/68

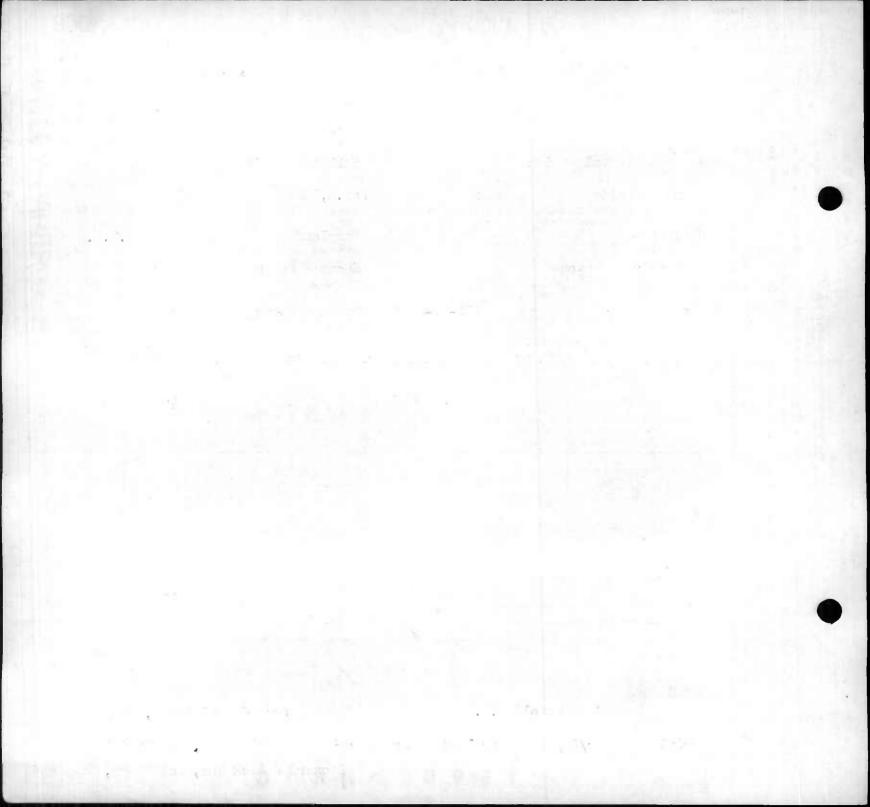


VS 150-REV. 1/1/68

69	4905	CERTIFICATE OF DEAT	Ή
	1000	BALTIMORE CITY HEALTH DEPARTMEN	

/	REG. NO	69	4906
1			

BIRTH NO.	CATE OF DEATH
(Type or Print)	2, DATE AND HOUR OF DEATH
Susan Elisabeth Jones	May 11, 1969 / JOH.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Balto. Co. 53-00
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
0-	Baltimore YES NO NO
90	E. STREET AND NUMBER
Gould Convalesarium	5622 Arnhem Rd
6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
Female White WIDOWED A DIVORCED	Jan.4,1888 81
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife	Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles T Maxon	Susan E Dotson
S. Wos Deceosed Ever in U. S. Armed Farces? (es, no or unknown) ((if yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
No 212-10-6462	2 D Mrs Ruth Suman Same
18. 17 CAUSE OF D	
DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rhosis liver
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c) home, form, foctory, street DEATH (notify medical examiner)	e.g., in or about 21 C. WHERE DID (If in Baltimare City, give exact location) et, affice btdg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
	While Work
22. I certify that (I) (this hospital) attended the deceased from	0 17 17 M
CVP -	10 1.0
that (1) (we) last saw the deceased alive an	
and haur and fram the causes stated above. (1) (We) (did no	at) view the bady after death. 238_DATE SIGNED
23A-STGNATURE	Attending Med. Staff
Millian Cold Margree	Phys. Director Phys. May 13,176
230. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Harold V Harbold M.D.	4706 Harford Rd Baltimore, Maryland
24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, Town, or county) (State)
Burial 5/14/69, Moreland Memor	rial Park Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
MAY 13 1969 1 19 06 9 10 0	Leonard J Ruck Inc, Baltimore, Maryland

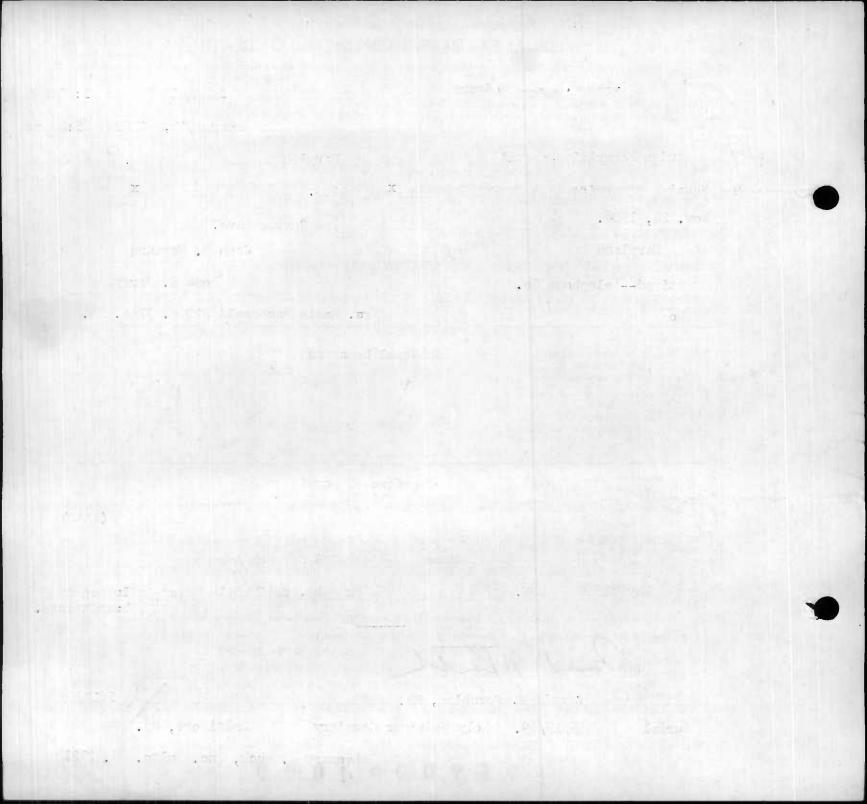


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1.4	4:71	BALTIMORE	CITY HEALTH	DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
			-	

69 4907

I	•		MILL	ICAL	EXAMINATE 2	CKIIII	CAILOI	DEATI	REG. NO		
ı	BIRTH NO.	FACED				II					T
(Type or Print)				2. DATE OF	Known XX	Month	Doy	Yeor	Hour		
1	HELEN GROCERS Rougers			DEATH	Estimoted U	5	12	69	5:00 a M.		
					DNOUNCED DEAD	3. DATE	UNCED DEAD	Manth	Day	Yeor	Haur
	FULL NAME OF HOSPITAL	(IF NO	T IN HOSPITA	AL OR INSTI TION)	TUTION, GIVE STREET	PRONC	UNCED DEAD	Max	12.	1969	5:00 am
ıll	OR INSTITUTION						RESIDENCE (When		d. If institution:		
4	Union	Momon	iol II-	and to 1		A. STATE		В	COUNTY	G	15
	6. SEX	Memor:	Tal Ho			C. CITY O	Maryland	T	D. INSIDE CIT	V LIMITS2	-02
li	o. JEX	/ . KACL			D NEVER MARRIED		. 101111				
	Female		ite	MIDOMI			Lto.		YES		10 🔲
	9. DATE OF BIRTI		10.AGE (I		If Under 1 Yr. If Under 24 Hrs. Months 1 Doys 1 Hours 1 Min.	E. STREET	AND NUMBER				
$\ $	Nov. 24,	1908.	60	"			704 Gorsuc	ch Arro			
	11. BIRTHPLACE (S	tate or foreig		1	2. CITIZEN OF	13. FATHER	S NAME	II AVE			
H	Ma	ryland			WHAT COUNTRY?			John N	. Matta	re	
			e kind of work	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTH	P'S MAIDEN NA				
1	dane during mast of w	orking life, ev	en if retired)	00	O		IN S MINISCH HA		se E. P	o mmr	
-11								110			
	16. WAS DECEAS (Yes, na ag phknown)	ED EVER IN	U.S. ARMEI	of service)	SECURITY NO.	18. INFOR				DRESS	
	No	(,,		,		Mre.	Marie MacI	onald i	20 E. 3	7th.	st.
1	19.	W 5.	V		CAUSE OF DEA	тн					ROXIMATE INTERVAL
	20	0 /	\wedge		0.1.1	7 4				BETWE	EN ONSET AND DEATH
		E OR COND LEADING TO		CTLY	Subdura	I hema	toma				
I		of meon the		vina e a	(A)IMMEDIATE C	AUSE	21151165.05				
	heort foilure	, osthenio, etc.	. It means the	e disease,	DUE TO, OR	AS A CONSE	QUENCE OF:				
	injury ar con	nplication which	in coused de	orn.)		9					
	1A	NTECEDENT	CAUSES		(0)						
	DISEASES	OR CONDITIO	ONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSI	QUENCE OF:				
	RISE TO THE	ABOVE CAL	USE (A) STA	TING THE							
	Z	TO CONDIII	OIT EAST.		(C)						
	JI.		11								
	OTHER SIGN	IIFICANT CON ATH BUT NOT				se of	barbitura	te			
l	DISEASE OR	CONDITION									
ı	OTHER SIGN TO THE DEA DISE ASE OR 20A. DATE OF	OPERATION	208. COI	NDITION F	OR WHICH OPERATION W	AS PERFOR	MED				SY? (Yes ar No)
	ō									((HEAD)
	₹ 22A. EXTER	NAL CAUSE	WAS	2	28. PLACE OF INJURY(e.g.,	in ar about	22C. WHERE DID	(If in Boltimare	City, give exac	t lacation)	
	OHINDERIVING	TOR CON	TRIB-	h	2B. PLACE OF INJURY (e.g., ome, farm, foctory, street, offic	e bldg., etc.)	INJURY OCCUR?	7 4	G	- 73	<
	UTING CA			V (11	Home		704 Gursue			- 4	~
	OF INJURY	, ,	oy) (Yea				ZZF. HOW DID IN	NJURY OCCU	Kr		
	(APPROX.) M	lay 919	69	UNK.	m. WHILE AT NOT	ORK X	Subj. fel:	l while	under i	nfluer	nce of
	23.									barl	biturate.
ı	I cert	ify that I h	eld on I	nquiry L	Inspection Au	topsy XX	and that on	this basis, d	eoth in my o	pinian	
ı	result	ted fram;	atural cau	ses 🗌	Accident Suicid	le H	omicide	Undetermin	ed manner 🗌		
ł		/)		1 1.	1/ /		CHIEF MEDICAL	EXAMINER [
	ACTUAL	1/2	/	4/1	V. 11	ACC	ISTANT MEDICAL	r			DATE SIGNED
	SIGNATI		20	- //	pour Luc	-			XX		
	EXAMIN					ASS	OCIATE MEDICAL	EXAMINER [-	120160
	NAME (T		Rona.	Ld N.	Kornblum MD.	CDF44AT	OPV Inc	LOCATION	1cu -		12/69
	24A. BURIAL CRE/ REMOVAL (Speci	MATION, 2	48. DATE	110				LOCATION	(City, town,		(Stote)
	REMOVAL (Special		5/15	/69.	Holy Redeemer	· Cemet	ery	Baltin	more, Mo	1.	
	25A. DATE REC'D	BY HEALTH	DEPT.	258. NA	ME OF REGISTRAR	25C.	FUNERAL DIRECT	TOR		DRESS	
		MAY	0.1000	131	1 4 5 6 6	Leo	nard J. R	uck, Ind			21214
		milit ?	3 1 63	1 49	6900	10 11	8 9) '			
L		7		-				<u> </u>			



	BALTIMORE CITY HEALTH DEPARTMENT
108	CERTIFICATE OF DEATH

REG. NO.	69	4908

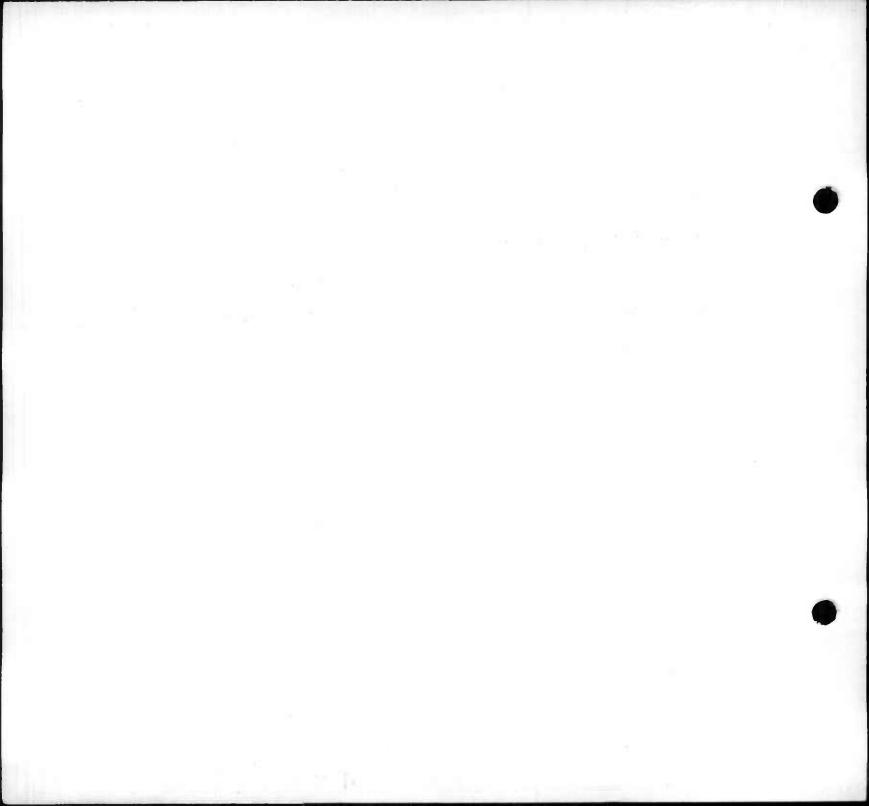
		69 491	38 CERTIFICA	TE OF DEATH	REG. NO	09 4908
BIRTH NO.	CEASED				AND HOUR OF DEATH	200
(Type or Print)	George P	Streb Jr		May	12, 1969	7011- M
3. PLACE IN BA	LTIMORE, MARYLAN	D, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		nstitution: residence before odmission)
FULL NAME OF	(IF NOT IN HE	OSPITAL OR INSTIT LOCATION)	UTION, GIVE STREET	Maryland c. CITY OR TOWN	D INIC	SIDE CITY LIMITS?
INSTITUTION				Baltimore	D. 1143	YES NO
00				E. STREET AND NUMBER	?	100 20
2703	3 Latona Rd			2703 Latona	Rd	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
Male	White	WIDOWED	DIVORCED _	Dec. 3,1896	72	
	UPATION (Give kind of working life, even if re		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Letter Car			Maryland		U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
Geor	rge P Streb	Sr		Johanna	?	
15. Wos Deceose	d Ever in U. S. Arme	ed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WW 1		220-44-7034	Mrs Evelyn St	reb Sa	ma
18. / /	101		CAUSE OF DEAT		200	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNI	ANTECEDENT CA OR CONDITIONS, ne above cause G CONDITION las II IFICANT CONDITION: JH BUT NOT RELATED	if any, giving (A) stating the state of the		S A CONSEQUENCE OF	arterioil	non years.
	F OPERATION 198.		WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLY! UTING CAUSE O y medicol exominer		ne, form, foctory, street, c	in or obout 21C. WHERE DIC		ore City, give exoct location)
21D. TIME	(Month) (Doy)	(Yeor) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)			nile At Not Whi	le 🔲		
	22. I certify that (I) (this haspital) attended the deceased fram 1966 to 1967, that (II) (we) last saw the deceased alive an 1969 and that in (my) (aur) apinian death accurred an the date					
and haur and fram the causes stated abave (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE Attending Med. Stoff						
23C. PHYSICI NAME (AN'S Type)	11. 13.	ch DEGREE Phy		Phys.	3//2/69
TVAILE (Beck M.D.	GEGREE	6012 Harford	Rd Baltimore	e. Marvland
24A. BURIAL CR REMOVAL Burial	EMATION, 248. DA	TE 24C, N	AME of CEMETERY OF CR	EMATORY 240	LOCATION (C	City, town, or county) (State)
	D BY HEALTH DEPT.		OF REGISTRAR	2SC FUNERAL DIRECT	Baltimore, Ma:	ADDRESS
	MAY 13 19	69 87 6	.99 6 Ba	44 1		timore, Maryland

VS 150-REV. 1/1/68

Joan Heonard

, Library to the second to the second This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIETH NO. IL MANY OF POERSTED IN A PAGE IN A MINORE MARTLAND, White Fickbounced Dead IL MANY OF POERSTED IN A DEED ON POERSTED IN A PAGE IN A MINORE MARTLAND, White Fickbounced Dead IN A MANY OF POERSTED IN A DEED ON POERS		69 4909 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 4909
The property of the property	-11	BIRTH NO.
S. SEL G. RACE AMAREAN AMAREAN AMAREAN AMAREAN AMARKED NEVER MARRED NEVER MARR		
HIGH WAME OF ADDRESS OF COCATION INSTITUTION, GIVE STREET COTT OF TOWN Laborated of Cocation La	I	
CCIT OF TOWN CCIT		A. STATE 8. COUNTY
SEE ARACE MARRIED NEVER MARRIED S. DATE OF BIRTH R. ARE (A. M.		HOSPITAL OR ADDRESS OR LOCATION)
CAUSAL OCCUPATION (IOVE and all work) by the property of the		Maryland Gen. Wospital Estreet and number W. YESTA NO
WINDOWED DIVORCED 2-940 10		SEY KARE IT
IOA USAL OCCUPATION (GIVE bind of work) DE, NOW DO F BUSINESS OR INDUSTRY 11. BIETHPRACE (Side or Indigo country) 12. CITIZEN OF WHAT COUNTRY 13. BIETHPRACE (Side or Indigo country) 12. CITIZEN OF WHAT COUNTRY 13. MOTHER'S MADIEN NAME 14. MOTHER'S MADIEN NAME 14. MOTHER'S MADIEN NAME 14. MOTHER'S MADIEN NAME 14. MOTHER'S MADIEN NAME 15. OCCIAL NAME 14. MOTHER'S MADIEN NAME		WIDOWED DIVORCED 12-04-00 last birthday (1/6) Months! Days Hours Min.
COUNT BOOK CONTRIBUTION CAUSE OF DEATH CONTRIBUTION CO		10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country)
13. FATHER'S NAME		As well Dalles (Caul)
15. NO DECENSE EVEN IN U. S. Armed Forces? S. SOCIAL S. SOCIA	II	12 PATHERIA MARA
CAUSE OF DEATH CAUSE OF DEATH CAUSE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, etc.) It means the disease, injury or camplicotion which caused death, ANTECEDENT CAUSES DISEASE OR CONDITIONS, If any, giving is et at the above cause (A) stelling lihe UNDERLYING CONDITION SOUTH BUTNOT OF AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (D) DUE TO, OR AS A CONSEQUENCE		5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS SECURITY NO.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.) ANTIECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stolling the UNDERLYING CONDITION (Dist.) NOTICE SIGNIFICANT CONDITIONS CONTRIBUTING DIVERS SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION (C). DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF: (e) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:		The state of the s
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Die To, or as a consequence of spring, e.g., heef ficility, sithering, sith eight, site in the classed deeth.] Antecodern Causes Diseases or Conditions, if any, giving rise to the above couse (A) sloting the Underting Condition to the Errainal Diseases of Conditions of the Dath But not received the Dath But noting medical examined and not not not received the Dath But noting medical examined and hour ond from the couses stated above. (I) (We) (did) (did not) view the body offer death. 21A. BURIAL CENATION 12A. Date 24B. Date 24B. Date 24B. Name of Errainance 24B. Date 24B. Dat	II	LEADING TO DEATH
ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving is to the above cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITION SC DINTRIBUTING (C) III OTHER SIGNIFICANT CONDITION SC DINTRIBUTING (C) OR CONTRIBUTING (CAUSE OF DEATH? III OR CONTRIBUTING (CAUSE OF DEATH? III OR CRETIFING (AUSE OF DEATH? III OR CRETIFIN		heart failure, asthenia, etc. It means the disease.
DISEASES OR CONDITIONS, if any, giving is to the dove cause (A) stoling the UNDERLYING CONDITION tost, (C) OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR CONTRIBUTING CAUSES OF DEATH? 21A. A.CCIDENT WAS UNDERLYING 198. CONDITION 198. CONDI	I	injury or camplicolian which caused death.)
Second S	II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATE DO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19A-DATE OF OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D-TIME (Manth) (Doy) (Yee) (Haus) 21D-TIME (Aprox.) 22L certify that (I) (this hospital) attended the deceased from 19		rise to the above cause (A) stating the
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY OCCUR? INJURY OC		CC)
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (if in Baltimare City, give exect locotion) 19		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
DR CONTRIBUTING CAUSE OF Send of the country of the		DISEASE OR CONDITION GIVEN IN PART 1 (A).
DR CONTRIBUTING CAUSE OF Send of the country of the		194 CONDITION FOR WHICH OPERATION WAS PERFORMED 204 AUTOPSY? (Yes or No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
DEATH (notify medical examined etc.) 21D.TIME (Manth) (Doy) (Year) (Haw) 21E. INJURY OCCURRED While At Work A		U 21A. ACCIDENT WAS UNDERLYING
CAPPROX Wark At Work		OR CONTRIBUTING CAUSE OF home, factory, street, affice bldg., INJURY OCCUR?
CAPPROX Wark At Work		21D. TIME (Manth) (Doy) (Yeor) (Haud) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
that (1) (we) last saw the deceosed alive on		- I(Vabboox)
that (1) (we) last saw the deceosed alive on		
23A, SIGNATURE 23A, SIGNATURE 23A, SIGNATURE 23A, SIGNATURE 23B, DATE SIGNED 23C, PHYSICIAN'S NAME (Tipo) 23D, ADDRESS 23D, ADDRESS 24D, LOCATION (City, town, or equity) 24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or equity) 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	I	
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) CREMATION 5-14-69 GREENMOUNT 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRES	I	and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.
23G. PHYSICIAN'S CEIN. PHYSICIAN'S PHYSICI		The state of the s
Delta Comez - Dumarmondella Ma. Cala. Wolp, 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, town, or equity) 15tate) CREMATION 5-14-69 GREENMOUNT BALTO. 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS MAY 13 1969 1969 1969 1969 1969 1969 1969 1		Director Phys. Director Phys.
24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City. town, or equally) (State) CREMATION 5-14-69 GREENMOUNT 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAY 13 1969 GREENMOUNT 25D. FUNERAL DIRECTOR ADDRESS ADDRE		MAME (Tipe)
CREMATION 5-14-69 GREENMOUNT BALTO. MD. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAY 13 1969 S 5 9 000 OHAN DENKING of SONS CO. BALTO, MD.	į	MA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or sounty) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS A		00= 1. 1 = 14 (0 (0 = = 1)
THE TOTAL PROPERTY OF THE PARTY	1	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
		MAI 13 1969 10 8 6 9 000 MHW DERRING of SONS CO. BALTO, MD.



This certificat

V 2 2	BALTIMORE CITY	Y HEALTH DEPARTMENT
1-250	69 4910 CERTIFICA	TE OF DEATH REG. NO. 69 4910
and eath ased the Such	BIATT 140.	
deat deat ease n th Suc	1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
- 50 5	S. Blount Mason Jr. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	May 9, 1969 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hospita ise of (5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
15 00	FINE NAME OF A STREET OF BUILDING ON STREET	Maryland 17-11
a hosese; (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C, CITY OR TOWN D. INSIDE CITY LIMITS?
to to	4306 Rugby Road	Baltimore 21210 YES NO
	4500 hagoy hoad	E. STREET AND NUMBER
ting d cau r att prior e.	00	4306 Rugby Road
- 2 e e	5. SEX 6. RACE 7. MADDIED NEVED MADDIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
occur ntrik rmin egul ased	MARKIED NEVER MARKIED	last birthdoy) Months Doys Hours Min.
occu ontril ermir regu is mo	M WIDOWED DIVORCED DIVORCED LIA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
n c c c	done during most of working life, even if retired) Insurance	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or nde de itio	Vice President U.S.F.&G.	Richmond, Va. U.S.A.
de Cura de siria	13- FATHER'S NAME	Richmond, Va. U.S.A.
if death rect or c (4) Undet was in the dec	S. Blount Mason	
		Endsor
	15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
sista the kin dea nce	No 217-01-2725	R. Wilson Oster Balto., Md.
2 - > D D L	18. 4 4 4 CAUSE OF DEAT	H APPROXIMATE INTERVAL
his of an of an unce	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE Tobie whoch from 3 weeks
	(This daes not mean the made at dying, e.g., (A) IMMEDIATE CAL DUE TO, OR AS	
ner. Ictu pro lar	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	againe lift lig.
3 5 9 9	ANTECEDENT CAUSES	
xamin xamin) A fra who regu	(B) LL	willed ally - leting
exc (s) A (v) V	DISEASES OR CONDITIONS, if any, giving rise la lihe abave cause (A) stating the	La consequence of least 15-20 years
- eg e ii s	UNDERLYING CONDITION lost.	life of
ica cal ns; ncia cia as	11	
T = E IS ≥ E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************
e Z Z Z	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTORSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
chief gody the pysicie	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	IN CERTIFYING CAUSES OF DEATH?
by by 2) E e t e t phy ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or about 21C. WHERE DID (If in Baltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?
y the ital	O .	
hospit hospit ature pt wl (6) N ined b	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At The Not While	21F. HOW DID INJURY OCCUR?
ho ho	(APPROX.) While At Work At Work	le 🔲
approved to the hose f any nate (except); and (6) to obtains	22. 1 certify that (!) (this hospital) attended the deceased fram	196.5 to may 9 1969.
the the car		
of of of Popularies	that (1) (we) last saw the deceased alive an Afric 28	
be at to at	and hour and fram the causes stated abave. (1) (We) (did) (did not) v	view the bady after death.) - PM W 7, 1767
- 9 - 6 -	23A. SIGNATURE	23B. DATE SIGNED
must eleas ccide hos to do	1/1 \ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ending Med. Staff Phys. Director Phys. May 969
P = 0 0 0 + 0 >		23D. ADDRESS

Dr. Ralph G. Hills

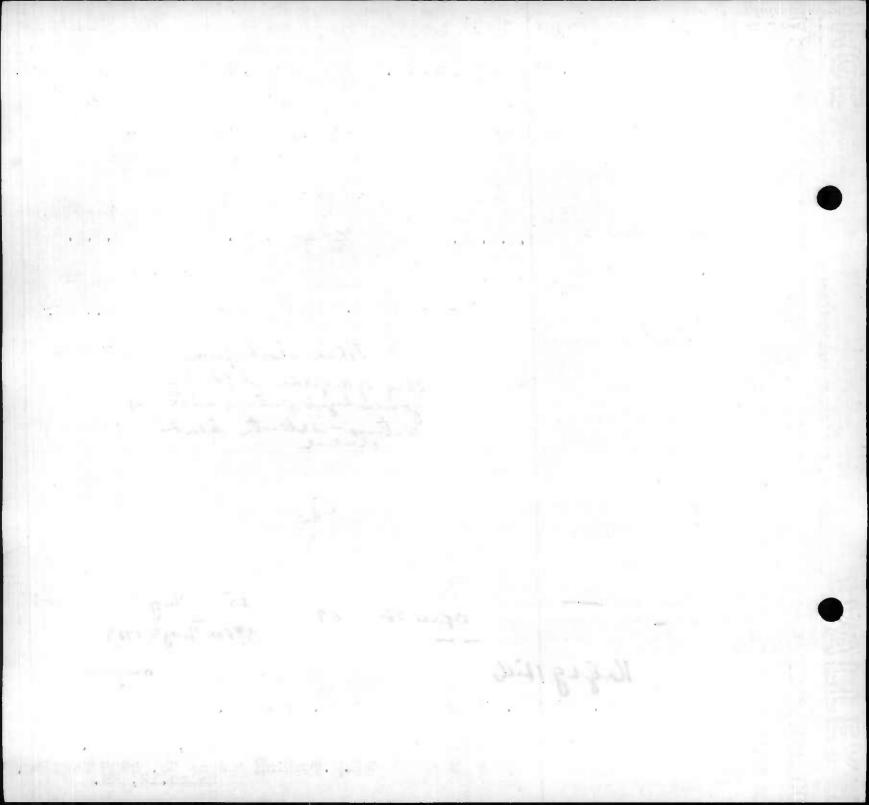
24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY the body was r shows: (1) An a was D.O.A. at deceased prior written approv 18 E. Eager St. (City, town, or county) (Stote) Cremation 5/10/69
25A. DATE REC'D BY HEALTH DEPT. 25
AY 13 1969 Baltimore

25C. FUNERAL DIRECTOR
H.W. Penking & Sons Greenmount

SB. NAME OF REGISTRAR

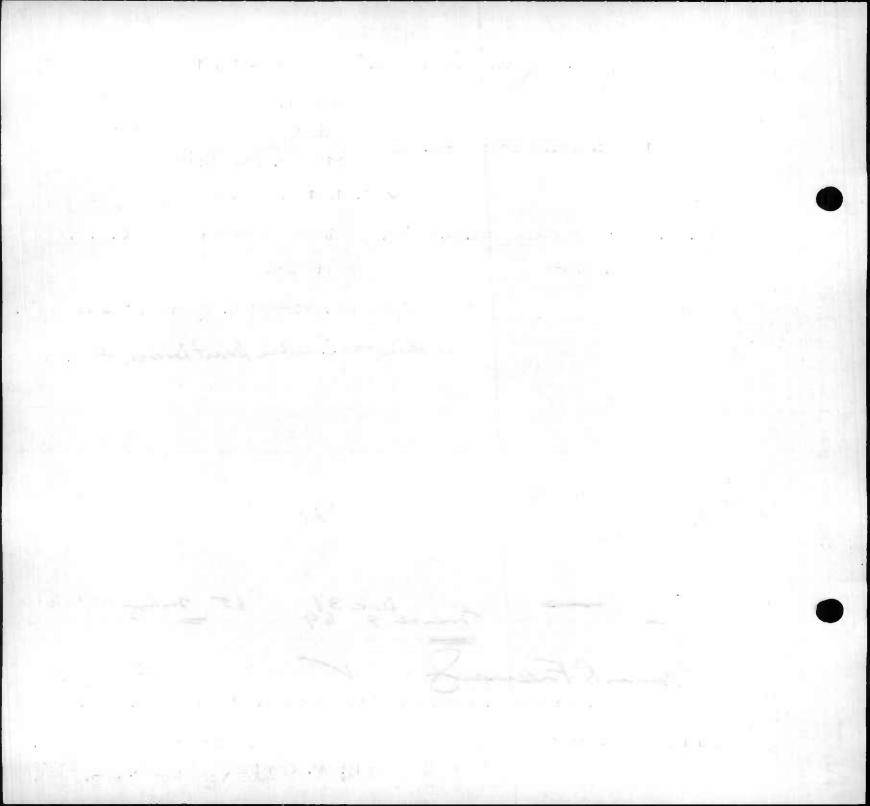
OF REGISTRAR Md. 4905 York Rd. Sons Co. Balto I VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1 - 1	BALTIMORE CITY	HEALTH DEPARTMENT 69 4911
N 20,	69 4911 CERTIFICA	TE OF DEATH REG. NO. 69 4911
sed the the	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
of deat Decease e on th	(Type or Print) Andrew Fuller Crane, Si	7. 00 V i M.
of of other	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
rg cause cause; (5) attendancior to dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland 12-02
se; se; to	INSTITUTION	Baltimore D. INSIDE CITY LIMITS?
ing cause; attend rior to	3120 St. Paul Street Apt. G	E. STREET AND NUMBER
+0 - 00		3120 St. Paul Street
~ E - 70 B	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys Hours Min.
ed re	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	
dec	done during most of working life, even if retired) Co. et [†] d.Sr.Operations Clerk Balt.Gas&Elec.	Baltimore, Maryland U.S.A.
Urdas	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(4) U was the ispos	Charles C. Crane	Maria Zell
ind; ind; eath e on	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no at unknown) (If yes, give war at dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
kin dec	No 212-05-4994	Mr. Richard E. Crane 206 Brandon Rd.
f any nced enda d or	18. CAUSE OF DEAT	0.001.000.000.000.000.000.000.000
0 00	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Conference Confer	-sclerotic Heart Disease 5 you
onon r att	(A) IMMEDIATE CAL (This does not meon the mode of dying, e.g., heart failure, ostherio, etc. It means the disease,	A CONSEQUENCE OF:
ractur pror pular	injury of complication which coused death.)	
E P P P P P P P P P P P P P P P P P P P	DISEASES OR CONDITIONS, if only, giving DUE TO, OR AS	A CONSEQUENCE OF:
exa (3) A n w in r	rise to the obove couse (A) stoling the	
tal e ician ician as ii	UNDERLYING CONDITION lost, (C)	
burns; hysicia n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VISEASE OR CONDITION GIVEN IN PART 1 (A).	
COB	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTORSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED
Body the pysicic ysicic e the	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
for ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY fe.g., i	n or about 21C. WHERE DID (If In Boltimore City, give exact location)
vhe No No	DEATH fnatify medical examiner) etc.)	
hospito nature; ept wh d (6) No sined b	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
	Wark At Wark	
- G - G - C - C - C - C - C - C - C - C	22. I certify that (I) (this treesital) attended the deceased from that (I) (see) last saw the deceased alive an	4 19 6 9 and that in (my) (aux) opinion death accurred on the date
+ 0 + 4	and haur and from the causes stated above. (1) (Was did did not)	
	23A. SIGNATURE	23B. DATE SIGNED
ccide ccide d hos to d	homan R. Freaman DEGREE Phy	nding Med. Staff Phys. 5
- n - >	NAME (Type)	23D. ADDRESS
was A. at prior	Dr. Norman R. Freeman DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	11 West 29th Street Balto., Md.
¥=000	Burial 5-13-1969 Loudon Park	
- 3 " o =	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore, Md.
show was dece	MAY 13 1969 (90 5 9 0 3)	OF TO Sentans & Sons Co. Balto. 21212

VS 150-REV. 1/1/6B

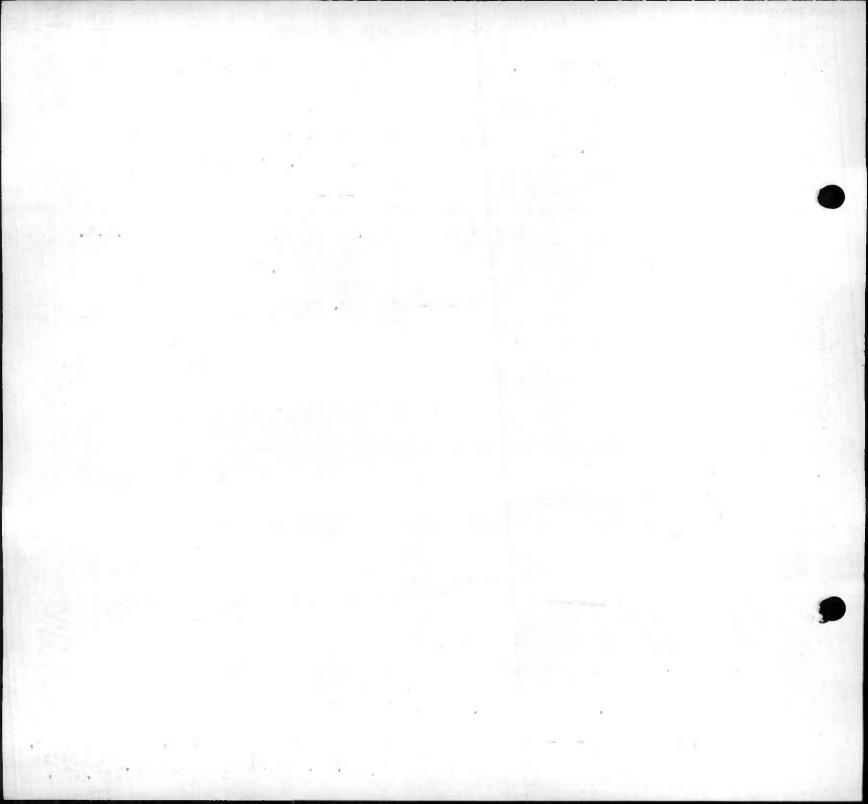


151	69 4912 CERTIFICA	Y HEALTH DEPARTMENT REG NO 69 4912
1	BIRTH NO. 69 4912 CERTIFICA	TE OF DEATH REG. NO. 03 4314
nd nth neces	I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Su ti	(Type or Print) Carrie B. Dubs	May 13, 1969 8:30 A.M.
F o o c	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
Spi Ce Ce	The state of the s	A. STATE B. COUNTY
Se Se Se de de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
a de co	INSTITUTION	
T e	1008 E. Lake Avenue	Baltimore YES H NO L
d in a con .	1000 E. Lake Avenue	1008 E. Lake Avenue
de de de	5. SEX 6. RACE 7. MADDIED NEVED MADDIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
ntribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED T	1-17-1891 lost bittingsy Months Days Hours Min.
re re red	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or c ndet s in dec	Secretary Heat & Power Co:	
os os	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
rif d (4) U (4) U way the ispos	Augustus Dubs	Laura E. Cramer
d d d	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
ssiste the kin dec nnce	(Yes, no ar unknown) (If yes, give war or dotes of service) SECURITY NO. 212-01-8787	Mrs. Naoma Chalmers Same
	118. CAUSE OF DEAT	
s a any ced ndc	412250,1	BETWEEN ONSET AND DEATH
of of the de	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CLEMENT	a seleratio Cardio vascular 10 pe
A P P P P P P P P P P P P P P P P P P P	(This does not meon the mode of dying, e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF:
er.	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	, ,
a canin	ANTECEDENT CAUSES	ship & his her denseare) 1500
A fr.	(B)	S A CONSEQUENCE/OF
a) w	rise to the above couse (A) stating the	
al an an ns	UNDERLYING CONDITION lost, (C)	
dica dica irns rsici was mai		
ed ed hys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	calle tes melle fue 25 mg.
Y B Y B e	DISEASE OR CONDITION GIVEN IN PART I (A).	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED
a de lo de l	WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by by 2) B re t phy fore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
e o e - +	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 27A. ACCIDENT WAS UNDERLYING home, form, factory, street, of etc.)	ffice bldg., INJURY OCCUR?
Y S S Y S T S S S S S S S S S S S S S S	2	215 HAW BIR INTHAY ACCUM
d ld	OF INJURY	21F. HOW DID INJURY OCCUR?
air de d	(APPROX.) Work At Work	LJ
he he bt	22. I certify that (1) (this hospital) attended the deceased from	Feb 9 19 63 10 May 13 19 69.
app fort far ();	that (I) (we) last sow the deceased alive on	6 1969 and that In(my) (sur) apinion death accurred an the date
0 0 0 -	and have and from the causes stated obave. (1) (We) (did) (did not)	view the body after death.
dent dent deat deat must	23A. SIGNATURE	238, DATE SIGNED
		ending Med. Stoff
	23 C. PHYSICIAN'S DEGREE Phy	23D. ADDRESS
was r An a L at c prior	NAME (Type)	
the Control of the	Dr. Frederick J. Vollmer	610@ York Road
	REMOVAL (Specify)	
This cert the body shows: (was D.C decease	Burial 5-16-1969 Loudon Park	
This of the b show was deceded	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	DESCRIPTION & SONG CO. ADDRES 1212
サキャッション	MAY 13 300 (12) & E Janber	DH. W. Jenkins & Sons Co 21212

May 13 1969 on death accurred an the date 238, DATE SIGNED Loudon Park Cometery Baltimore,

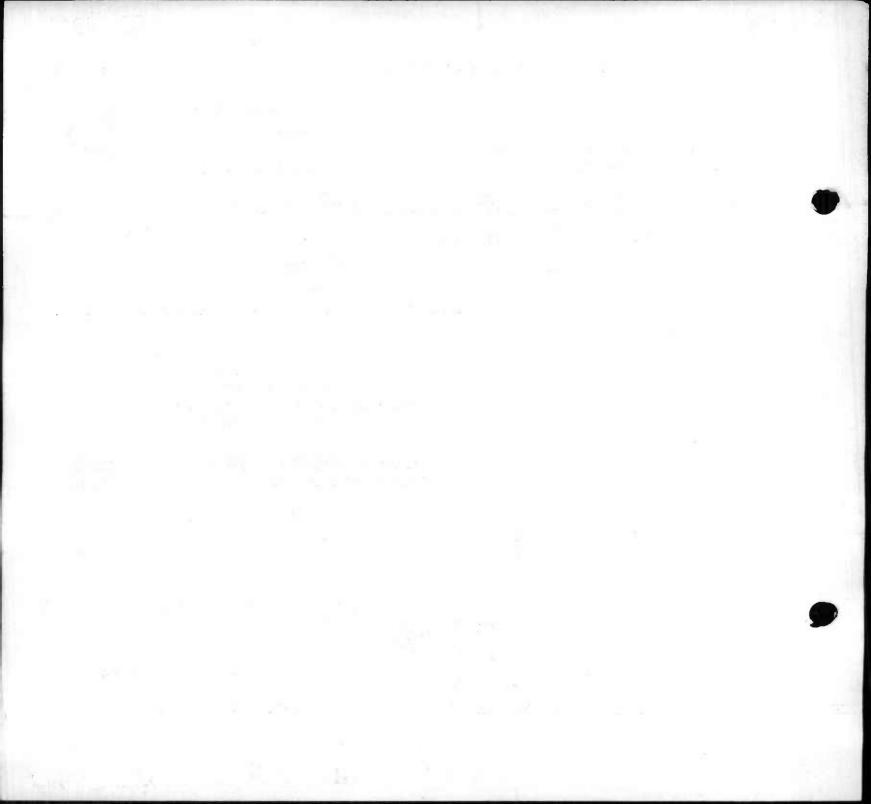
of REGISTRAR COMETERY W. Jenkins & Sons Cometal Md.

Physical Company of Cometal Difference of Come (Stote) REMOVAL (Specify) Burial 5-16-1969 Md. ADDRE 21212 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 150-REV. 1/1/68



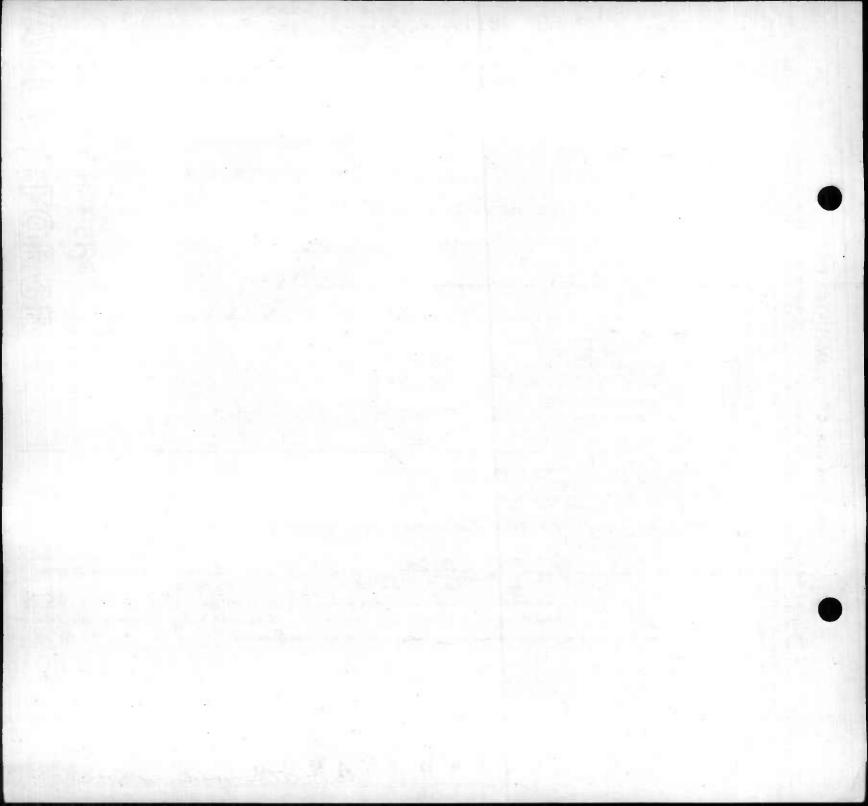
0	424
	nospital and se of death (5) Deceased ance on the death. Such
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
ż	int if death or direct or condirect or condirect to condition the deceadisposition is
FUNERAL DIRECTOR: IMPORTANT	or his assista Also, if the re of any kine nounced dea attendance
DIRECTOR:	cal examiner. s; (3) A fractuian who pro
FUNERAL	by a medice by a medice by a medice 2) Body burns e the physic physician wa ore the rema
	the hospital any nature; (((except wher and (6) No
	e must be age is released to accident of t a hospital or to death);
RGB	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined can was D.O.A. at a hospital (except where the physician who pronounced death was in regular at deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.

		69	9 49	13 BALTIMORE CITY			REG. NO.	6	9 4913
	IRTH NO.			CERTIFICA	TE OF D	EATH	REG. NO		101.0
11	NAME OF DEC		ntione	tte O'Loughlin		2. DATE A	May 7, 19		7:30 P
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed fived, If institution residence before odmission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN Laurel M. Institution residence before odmission) D. INSIDE CITY LIMITS?					
F	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)								
U	JS Public	Health Servi	ce Hos	oital	E. STREET AND			YES [] NO []
1		n Parkway			1	3404 A	rden Way		66-00
	F	W	WIDOWED		8. DATE OF BIR 11/28	/89	9. AGE IIn years lost birthdoy	II Und Months	er 1 Yr. II Under 24 Hrs. Doys Hours Min.
	House	wife	108, KIND O	F BUSINESS OR INDUSTRY	11, BIRTHPLACE		ign countryl	US.	TIZEN OF WHAT COUNTRY?
13	Be:	rnard Mullen			14. MOTHER'S I	MAIDEN NA Barnes	ME		
15. (Ye	. Was Deceased es, no or unknown)	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
	No			168-20-8138	Reco	rds- US	S PHS Hospi	tal,	Balto, Md.
	18. 4/1	0.91		CAUSE OF DEATI					APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIE LEADING TO DEATH	ECTLY		Car	diac fa	ilure secon	ndame	BETWEEN ONSET AND DEATH
	(This does no	of mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE.		posterior	ilder y	Days
	injury or camp	aslhenio, etc. It means plicotion which coused	the diseose, deoth.)	500 10, OK A5	sep.	tal inf	arct		
	ANTECEDENT CAUSES Arteri				osclerotic cardiovascular			Years	
	rise to the	R CONDITIONS, if above cause (Al CONDITION lost,	ny, giving sloling lhe	(B)	A CONSEQUENC	E OF:	disease	***********	
1						osis of	Years		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				ole polyposis of colon us ade nom a cecum				Years
CERTIFICATION	19A. DATE OF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				(Yes or No	208, IF YES, WERE IN CERTIFYING CA	FINDING:	CONSIDERED DEATH?
CAL	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., in e, form, (octory, street, off	or about 21 C. Whice bldg., INJURY	OCCUR?		ore City, giv	e exoct locotton)
MEDI	OF INJURY	Month IDay) (Year	1	INJURY OCCURRED		W DID INJ	URY OCCUR?		
<	(APPROX.)		Whi	le At Not While					
`	22. I certify t	hat (1) (this hospital)	ottended ti	ne deceased from	Apr. 29		69 to M	ay 7	19 69
	that (I) (we) I	ost saw the deceased	olive an A	lay 7	19 69	ond the	ot In(my) (aur) ap	Inion dec	th occurred an the date
	and hour and fram the causes stoted abave. (1) (We) (did) (did/not) view the body ofter death. 23A, SION ATURE 23B, DATE SIGNED								
	23E/PHYSICIAN	em X //	1 to h	DEGREE Phys.	Din Din	ector 🗆	Staff Phys.	5/8	3/69
	PHYSICIAN NAME ITY		Ö1170M 0.0		IC DIC II		Dold- W	2	
24/	A. BURIAL CREM	H. Peckham,		DEGREE	VATORY		L, Balto, M		
	REMOVAL (Sp	ecily)	11	- MI OF CREE	MAIORI	24D. LC	CATION	ily, lown, o	2 2
25/	Burial 5/10/69 It Mary Cemetery Laurel Maryland 25A. DATE REC'D RY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR.								
	MA	Y 14 1969	(R. 22)	a. Salberra	A LAND	DIRECTOR	17	01/	ADDRESS Laurel
VS	150-REV. 1/1/68		4	4	10000	mea	" (Junera	X Nac	me ma



1/0.1	BALTIMORE CITY HEALTH DEPARTMENT
2-400	69 4914 CERTIFICATE OF DEATH REG. NO. 69 4914
and eath ased the Such	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
- de c	(Type or Print) Leone F. BealL 5-8-69 5:30 PM
Dec of the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY
se (5) anc ded	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET THE
a h nda to o	HOSPITAL OR INSTITUTION D. INSIDE CITY LIMITS?
n c c c c c c c c c c c c c c c c c c c	E. STREET AND NUMBER
ca di ing	South Faltimure General 228 Federalshing South 5
ibut nec	5. SEX 6. RACE 7. MARDED NEVER MARDIED 80DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
minitri Begu	WIDOWED DIVORCED DIVORCED 17 1884 Months Doys Hours Min.
re red	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stote or foreign country)
on in de tion	Hausenile Hame Wiscansin USA.
was was posi	13. FATHER'S NAME
(4)	EDMAR Winderloe UN KNOWN
att d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [(If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT SECURITY NO.
the the de de de ina	217-03-7313-1 Mrs. Crma Wale - Chane
if if it as	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
his so, of o o o o o f o o e d o e d o	DISEASE OR CONDITION DIRECTLY AMBORDOLLINE MEN.
PA 5 5 E	(This does not meen the mode of dying, e.g.,
ctu ctu pro	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
fra fra emin	ANTECEDENT CAUSES Toppy While the days.
×ara ×ara × h × h	DISEASES OR CONDITIONS, if ony, giving DUE TO OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE
(3) es	UNDERLYING CONDITION last,
dical cal ns; ició	
bor bys n w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
dy dy cia	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
chi Bo Bo th th	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
he (2)	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
re; (Abe	OR CONTRIBUTING CAUSE OF Name, form, foctory, street, office bidg., INJURY OCCUR:
osp osp osp osp osp osp osp osp osp osp	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
ove n n d tai	(APPROX) Work At Work
approto the fany [(ex	22. I certify that (I) (this haspital) attended the deceased fram 196/ to 196/ to 196/
마수 누 등 근 역	that (1) (we) last saw the deceased alive an May 8 19 67 and that in (my) (aur) apiniar death accurred an the date
be pit	and haur and fram the causes stated abave. (4) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
ea ea ea	Rolando V. Hoco M. P. Attending Med. Director Phys. 5-9-67
a a c	23C. PHYSICJAN'S NAMY (Type) / / / / / / / / / / / / / / / / / / /
was read An a An a prior	Rolando (7000, M.J. Laurel mayland 20810
A P d D	24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stole)
This certificate m the body was rel shows: (1) An acc was D.O.A. at a l deceased prior to written approval	Burial 5/12/69 Lucy Will Cometers Laure Mil
This ce the books: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRATE 25C. FUNERAL DIRECTOR ADDRESS
まれる 多 タ タ	MAY 14 1969 W.D. & Start M. We Wilt Donaldson Laure Mo

VS 150-REV. 1/1/6B



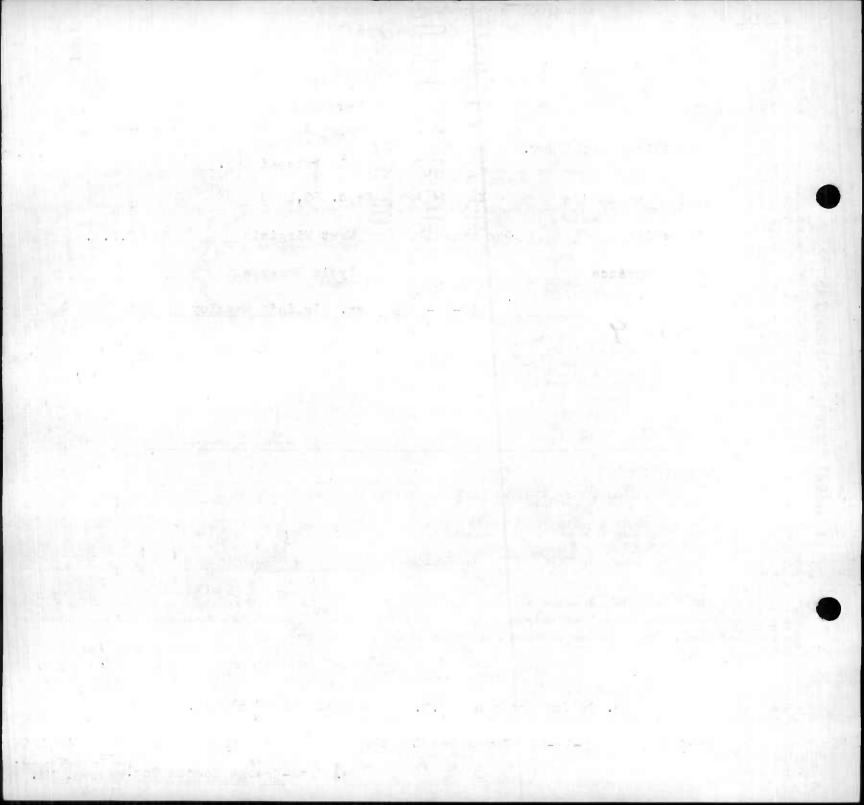
P-6501

69	9 4915 BALTIMORE CITY	HEALTH DEPARTMENT		0 4015
	CERTIFICA	TE OF DEATH	REG. NO.	9 4915
INAME OF DECEASED			HOUR OF DEATH	
(Type or Print) MATILDA MAY	PRINE	5/10/	1 B	78.
3. PLACE IN BALTIMORE, MARYLAND, W		14. USUAL RESIDENCE (Where d	6 7 eccosed lived. If institution	n; residence before admission
		A. STATE B. COUNTY		1 01
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	6-01
INSTITUTION			D. INSIDE CI	
O O 2014 Port a state We	AND THE PROPERTY OF THE PARTY O	Baltimore E. STREET AND NUMBER	YES	K NO [
2814 Pulaski Hv	vy.	2814 Pulaski H		
5. SEX 6. RACE	7			nder 1 Yr. , If Under 24 Hrs
	7- MARRIED NEVER MARRIED	last	birthday) Mon	ths Days Hours Min.
Female Caucasian 10A. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED DIVORCED	Sept. 30,1880	88	CITIZEN OF WHAT COUNTR
done during most of working life, even if retired)	los, kind of bosiness or indosiri	The state of the s	12.	DINIZEN OF WINAT COOKIN
Housewife	Own home	West Virginia		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Fred Currence		Lydia Sheeves		
5. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war or date	ces? 16. SOCIAL SECURITY NO.	Lydia Sheeves		ADDRESS
		Man Vilmainia W	omolos Co	
No ITB.	217-56-6693 CAUSE OF DEAT	Mrs. Virginia W	amsley Sa	me as # 4 E
Tarrest on constition of	DE CYLY			BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DI		E + S = 0 (.V. discon	
(This does not mean the made of	dving e a (A)IMMEDIATE CAL	A CONSEQUENCE OF:	o, o accer	
heart failure, asthenia, etc. It means	the disease,	A CONSEQUENCE OF:		1 6000
injury ar complication which caused		0 01		
ANTECEDENT CAUSES	(B)	Soult A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if		A CONSEQUENCE OF:		
rise to the above cause (A) UNDERLYING CONDITION last.	(C)			
11				
	NTRIBUTING			
TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL			***************************************
	DITION FOR WHICH OPERATION		OB. IF YES, WERE FINDING CAUSES	
F ()			ockin into exoses	or beatti.
OB CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If In Baltimare City,	give exact location)
DEATH (natify medical examiner)	etcJ			
Q 21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
OF INJURY (APPROX.)	White At C Not While	e 🖳		
	Work At Work			
22. I certify that (I) (this haspital		3// 19	7ta	5/1 1909
that (1) (we) last saw the decease	ed alive an 5/7	19 6 7 and that	in(my) (our) aplnian a	death accurred an the da
and haur and fram the causes star	ted abave. (1) (We) (did) (did nat)			
23A- SIGNATURE			23 B.	DATE SIGNED
1	And Atte	anding Med. Sho	# 🗇	5/12/60
23C.PHYSICIAN'S	DEGREE Phy	s. Director Phy 23D. ADDRESS	/s. —	1/ / 6/
NAME (Type)				/
	Goodman M.D. GEGREE	9 South Highlan		
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE	24C, NAME of CEMETERY or CR	EMATORY 24D. LOC.	ATION (City, tow	rn, or county) (State)
Burial 5-14-6	69 Jerusalem Cemet	ery Rand	olph County	West Virgini
25A. DATE REC'D BY HEALTH DEPT.	2SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		1050PRVork Rd
MAY 14 1969	12 03 15 QUELOW	Wm Cook Brook	s Towson Inc	C. Towson Md
MAI 14 1303	Marion, Menterly	Wm Cook-Brook	s Towson In	Towson, Md.

21204

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV, 1/1/68

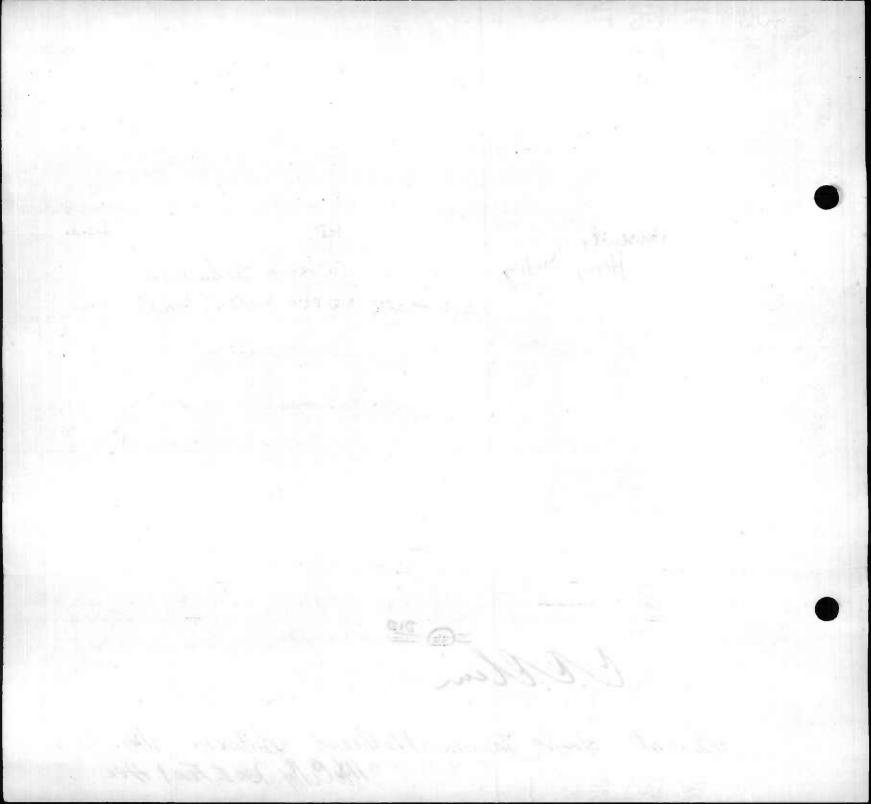


-60h	69	AG4.C	TE OF DEATH REG. NO.	9 4916			
Pedat.	RTH NO.	CERTIFICA	TE OF DEATH REG. NO.	70.1.0			
of death of death Deceased e on the	NAME OF DECEASED	. G. D	2. DATE AND HOUR OF DEATH				
de de on on S	Margare	t S. Baer	May 10, 1969	3:30 A.M.			
hospital ise of c (5) Dece ance or death.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUNTY	1 6 6 G			
	IOSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Md • C. CITY OR TOWN D. INSI	DE CITY LIMITS?			
cau cau se; end to	NOTITUTION		Baltimore	YES NO			
ting cause; d cause; r attend prior to	3821 Clifton Av	e.,	E. STREET AND NUMBER				
0 + B - G 6			3821 Clifton Ave.,				
ontribu ermine regulai eased is mad	Female White win	ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH May 27, 1883 9. AGE (In yeors lost birthday) 85	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
dete in r	A. USUAL OCCUPATION (Give kind of work 108, 10 one during most of working life, even if retired) Housewife A	KIND OF BUSINESS OR INDUSTRY THOME	11. BIRTHPLACE (State or foreign country) Md.	U. S. A.			
D D D O S	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
rec (4) th th	William Kappes		Margaret				
di d	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
ist he he de ce ce	es, no or anknown, the yes, give wor or doles or s	SECORITI NO.	Miss Helen E. Ziemer 38	21 Clifton Ave.			
R 4- 70 0 .	18.25091	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
E 0 - E 0 B	DISEASE OR CONDITION DIRECTL	.γ					
Ta Se A	(This does not meen the mode of dying		JSE Cardiac arrest A CONSEQUENCE OF:	A few minutes			
ner. actur pror ular mbal	heart foilure, astherio, etc. It means the c injury or complication which coused death	drsease,					
C L	ANTECEDENT CAUSES	Many years					
xam xam) A fi who	DISEASES OR CONDITIONS, if ony,		sclerotic cardiovascular A CONSEQUENCE OF: disease				
S TT S	UNDERLYING CONDITION lost.	Many years					
dical lical rrns; sicia was main	, III						
W U 7 3	OTHER SIGNIFICANT CONDITIONS CONTRIB	MINAL					
chief r g a m Body the p ysicia e the	DISEASE OR CONDITION GIVEN IN PART 1 (A	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED			
	O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21C. WHERE DID (II in Baltimore ffice bidg., INJURY OCCUR?	e City, give exact location)			
hospital hospital ature; (apt whe (6) No ined be		etc.)					
hospite nature; cept wh d (6) N ained b	OF INJURY	While AI Not While	21F. HOW DID INJURY OCCUR?				
> - 500	(APPROX.)	Work At Work		-13 00 /0			
appro to the f any il (exc 1); an			1y 25, 19 61 to Ar 22, 19 69 and that in(my) (1997) api	_			
007-	and haur and fram the causes stated al			ndii dediii decorred dii me date			
assed to dent of ospital death) must be	23A. SIGNATURE	>	new the budy until deaths	23 B. DATE SIGNED			
3 0	8.4.	m Decrees Phy	ending Med. Staff Phys.	5/12/69			
acc acc or to	23C. PHYSICIAN'S NAME (Type)	- CORECT	23 D. ADDRESS				
y was r 1) An a 1.A. at a d prior	S. J. Liu, M.	D. Degree	5301 Harford Rd. Baltimo	re, Md. 21214			
body was vs: (1) An D.O.A. at eased pric	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (Ci	ty, town, or county) (State)			
vs: Vs: D. D.	Burial 5-13-1969		Woodlawn	Md.			
This certification of the body shows: (1) was D.O deceased written a	A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	G. Howard Strong 3207	ADDRESS			
F + v > 0 >	150 051/ 1/1/10	Le V. L. Janon	definate serong 5207	W. HOLGH KVE.,			

The second secon . THE BOOK OF THE STREET OF THE STREET

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

69 4	1917 BALTIMORE CITY	HEALTH DEPARTMENT	6	69 4917
	CERTIFICA	TE OF DEATH	REG. NO.	10 401.1
BIRTH NO. 1. NAME OF DECEASED		2 DATE AN	D HOUR OF DEATH	
(Type or Print)	hlv			1 72-20 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	r 11, 1969	12:30 A. M
3. TEACE III BACIIII ARE INCIDENTIAL INCID	ONO ON CLD DEAD	A. STATE B. COUN	TY	0000
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md.		2.3-02
INSTITUTION		C. CITY OR TOWN		CITY*LIMITS?
1514 S. Charles		Baltimore	1	res 🔼 NO 🗌
Baltimore, Md.	21230	E. STREET AND NUMBER	7 011	
		1514 S. Char	tes Street	
	RIED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
F W WIDO	WED DIVORCED	Jan. 8, 1885	84	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		MD		U.S.A.
touseur		14. MOTHER'S MAIDEN NAM	4.F.	
13. FATHER'S NAME				/
Itenry 1 canly		Catherine ,	SCHWAAR	6
S. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
20	213-48-253	MRS. Etta Ma	ddox (Tried). Same
18. / / / / /	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) IMMEDIATE CAL	SE Coronary occl	usion	minutes
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc		A CONSEQUENCE OF:		
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(a) Arte	riosclerotic hea	rt disease	years
DISEASES OR CONDITIONS, if any, gi	iving DUE TO, OR AS	riosclerotic hea		J. 9. 300. D.
rise to the above cause (A) stating				
UNDERLYING CONDITION last.	(C)	***************************************		
z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
none WAS PERFORMED	TOK WHICH OFEKATION	no	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i		Mi :- Palaiman	Cia
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?	(ir in Bairimore	City, give exact location)
DEATH (notify medical examiner none	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	_ 21F. HOW DID INJU	URY OCCUR?	
(APPROX.)	While At Not While At Work	e 🗌	empara.	
20. 1 (1) (1) 1 1 1)		bruary 12.	957 to May	11, 19 69
22. I certify that (I) (this baseital) often	Marr 1	/ 0		
that (I) (we) last sow the deceased alive	on May 1, DID		of in (my) (vor) opini	on deoth accurred on the dot
and hour and from the couses stated above	ve. (I) (1/4/4) (1/11-11-11) v	riew the bady ofter deoth.		Mary Indiana
23A. SIGNATURE	7/ 1		2	3B. DATE SIGNED
10/10/10	Atte	ending Med. Director	Stoff Phys.	5-11-69
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		- 0
NAME (Type) C. C. Chi	u, M. D.	1 E. R	andall Stree	t, Baltimore #30
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE	FAA ATORY 124D 14	OCATION (C)	town, or county), (Stote)
MOVAL (Specify)	C. IVANIE OF CENTETERT OF CRI	10	CATION (City,	town, or county) (Stote)
WRIA 5/14/69	mannuelki	THERAN SAI	timore 1	MEGIANA
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250 FUNERAL DIRECTOR		ADDRESS
MAY 14 1969 ULOUS	Da. Dully M.	1/1/2 CUININ X	BOE FORT	HVe.
VC 100 DCV 1/1//0		100119		



	11100	
K	VOA	
11	4000	

Such rect or contributing cause of death (4) Undetermined cause; (5) Deceased 0 a hospital the deceased prior to death. attendance are embalmed or final disposition is made. in regular assistant if death MOS death regular attendance on A fracture of any the chief medical examiner where the physician written approval must be obtained before the remains death); and (6) No physician was i shows: (1) An accident of any nature; (2) Body burns; he body was released to the hospital This certificate must be approved by (except at a hospital prior to was D.O.A. deceased

00		TY HEALTH DEPARTMENT	
BIRTH NO.	4918 CERTIFICA	ATE OF DEATH REG. NO.	69 4918
1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	тн
(Type or Print) AGNES C. F	PTLEY	May 6th, 196	69 I M.
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived.	Il institution: residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAL INSTITUTION	AL OR INSTITUTION, GIVE STREET TION)	Maryland C. CITY OR TOWN D. I	INSIDE CITY LIMITS?
44		E. STREET AND NOMBER	YES NO NO
Union Memoria	il Hospt.	612 E. 30th Street	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female White	WIDOWED DIVORCED	October 3rd,1911-57	
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Homemaker	108. KIND OF BUSINESS OR INDUST	Balto. Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert Samsel		Unknown	
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dates	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
n0	216-07-0109	Mrs. Kathleen Stricklan	nd (Daughter)
DISEASE OR CONDITION DIR	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE C.	AUSE Cerebro-vascular a	ccident 2 hrs.
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused	the disease, DUE TO, OR A	S A CONSEQUENCE OF:	Stand Street
ANTECEDENT CAUSES	Make Resilient	Hypertension	several yrs.
DISEASES OR CONDITIONS, if or ise to the obove couse (A) UNDERLYING CONDITION tost.		AS A CONSEQUENCE OF:	
Z OTHER SIGNIFICANT CONDITIONS CON	ATDIDITING	deafness	

CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No. 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notily medical examined) 21 D. TIME OF INJURY (Month) (Day) (Yeor) (Houd) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 69 ond that in(my) (our) opinion death occurred on the date that (I) (we) lost saw the deceased alive DOA Union Memorial Hos and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.

Attending K

23D. ADDRESS

Ellsworth E. Cook MD 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

5/9/69

2431 Maryland Ave-18

Med.

Director

Staff

Phys.

OF CREMATORY 24D. LOCATION

Mitchell Director Balto.

(City, town, or county)

Director Address 1-Wiedefeld Home-6500 York Rd. 21212

(Stote)

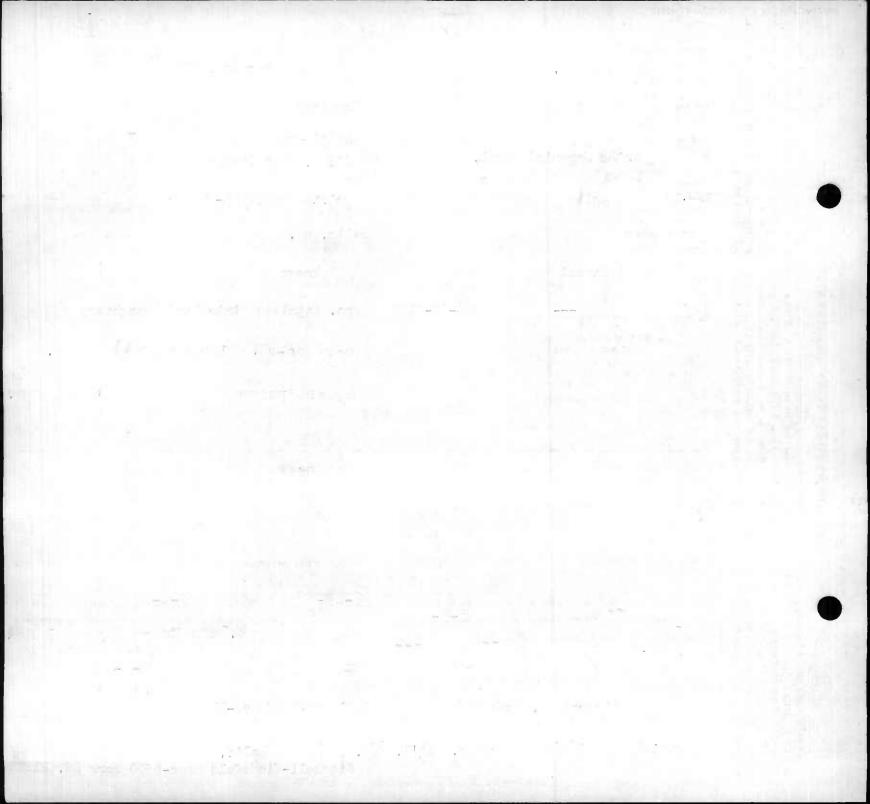
23B, DATE SIGNED

5-8-69

23A. SIGNATUR

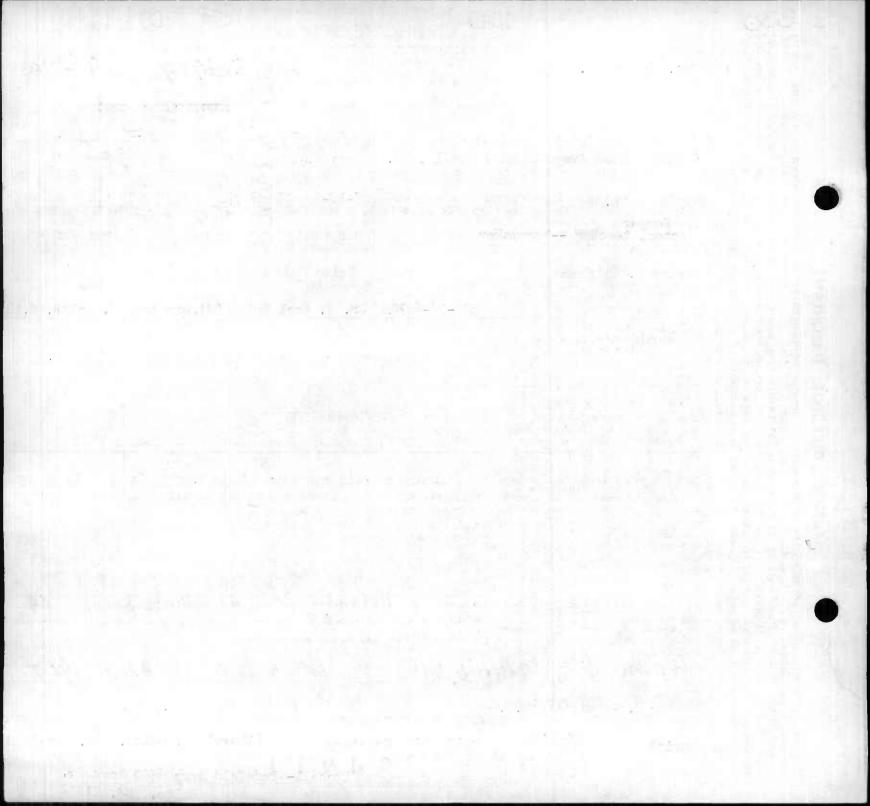
23C. PHYSICIAN'S NAME (Type)

VS 150-REV, 1/1/6B



<-	521	0.3 4939	HEALTH DEPARTMENT REG. NO. 69 4919
7	76676	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 03 4313
	deatlease ease n th	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	f decease	Mrs. Frances T. Smith	man 8, 1969 19 = a.m.
0 005		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE Where deceased fived, If institution: residence before admission) A. STATE B. COUNTY
	a hospit ause of e; (5) De ndance to death	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) (INSTITUTION	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	0 5 0	/ 9 Seton Psychiatric Institute	Baltimore YEST NO 3
	TO .= _ L .	6400 Wabash Avenue, Baltimore 15, Md.	321 Broxton Road 27-12
	- 3 0 B B	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
	occur ermin regule eased is ma	Female White WIDOWED DIVORCED	5-19-95 73
	dete in r ion i	done during foreignering life, even if retired school teacher —homemaker	11. BIRTHPLACE (State or foreign country) Maryland United States
	de de as	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	(4) (4) the the spo		
5		Charles C. Tilghman	Helen Goldsborough
A	0 = 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
ORTAN	the the de de nce fina	No 220-36-6870B	Dr. F. Noel Smith 321 Broxton Rd. Balto.Md. 12
ō	34 500 L	18.2 4 7 / CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9	his of an of an unce	DISEASE OR CONDITION DIRECTLY	of brain
3	Als Als e o nou att	LEADING TO DEATH	SE Chronic progressive atrophy 12 years
••		lieuri idilore, d'amerilo, etc. il fileuris ille disease,	A CONSEQUENCE OF:
OR	ne pr	injury or complication which caused death.)	
7	Ho to	ANTECEDENT CAUSES (B)	
2	× A × A	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS rise to the obove couse (A) stoting the	A CONSEQUENCE OF:
RE	(3 e e in in in in in	UNDERLYING CONDITION last. (C)	
0 7	medico edical burns; hysicio n was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
RA		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).	Brain syndrome (Alzheimer's disease) 12 years
ш	chief a n Body the p ysicie e the	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z	ch Bo th th		No
F	the alb here lo ph	OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notily medical examiner) 21B. PLACE OF INJURY (e.g., in home, form, factory, street, and etc.)	n or about 21 C. WHERE DID (If In Baltimare City, give exact lacation) (If In Baltimare City, give exact lacation)
	by Kh	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	hosing (6)	(APPROX.) White At Not White At Work	
	F F X F F	22. 1 certify that (1) (this haspital) attended the deceased from	ovember 24. 196/ 10 May 8x 1969.
	G 0 0	that (1) (we) last saw the deceased alive an MANY &	19 69 and that in (my) (aur) applican death occurred on the date
	of of tal th)	and haur and fram the causes stated above. (1) (We) (did) (did nat)	the same of the sa
	leased to ident of hospital o death)	23A. SIGNATURE	23 B, DATE SIGNED
	a do de		nding Med. On Staff Week 9 1960
	E + C C E	23C. PHYSICIAN'S	And Moderator Phys. May 8, 1969
	was r An a A. at c prior	NAME (Type)	
	-	Walter O. Jahrreiss, M.D. 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CR	6400 Wabash Avenue, Balto., Md. 21215 MATORY (State) (State)
	certificate body was vs. (1) An a D.O.A. at ased prior ten approv	REMOVAL (Specily)	
	his certine body hows: (1) as D.O. eccased	burial 5/10/69 Druid Ridge Ce	
		25A, DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	三十二 3 4 3	MAY 14 ISHS WELL E, Jackson	Mitchell-Wiedefeld Home 6500 York Rd.

lto. Cty. Maryland 2SA. DATE REC'D BY HEALTH DEPT. Mitchell-Wiedefeld Home 6500 York Rd. Balto., Md. 21212 VS 150-REV. 1/1/68



4920

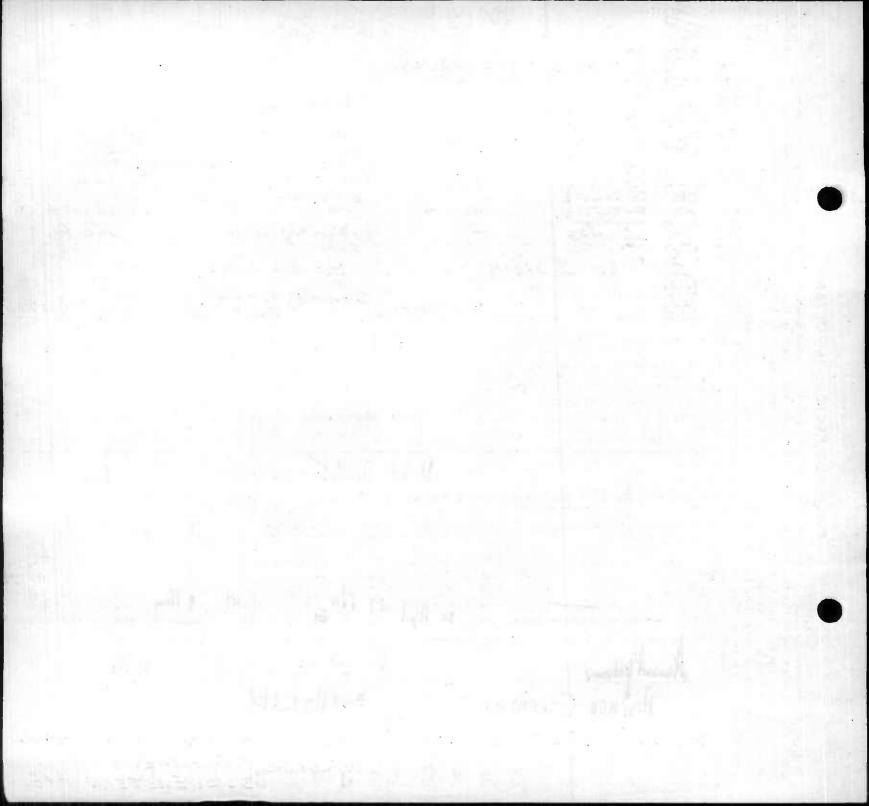
MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

BIRTH NO.		MEL	ICAL		AMIINEK 3	CERTIFICA	IE O	r DEAT	REG. NO.			
1. NAME OF DE	CEASED						own 🗍	Month	Doy	Yeor	Hour	
(Type or Print) EDWARD McCORMICK			OF DEATH Est	timoted [□ May 9,	1969		11:55	A .			
4. PLACE IN BA						3. DATE PRONOUNCE	DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST	IOITUTI	N, GIVE STREET	5. USUAL RESIDEN		May 9,		· residence h	11:55	Μ.
MARYI	LAND GE	NERAL :	HOSPI'	TAL	(DOA)		rylar		B. COUNTY	27	-68	,
6. SEX	7. RACE		B. MARR	IED 🛣	NEVER MARRIED	C. CITY OR TOW			D. INSIDE CI	TY LIMITS?		
Male	White	е	WIDOW	/ED 🗌	DIVORCED	Baltimor	е		YE	s X	NO	
9. DATE OF BIRT		10. AGE (In lost birthdo		If Und Months	er 1 Yr. If Under 24 Hrs 1 Doys Hours Min	906 E. L		Avenue				
11. BIRTHPLACE		in country)	-)		IZEN OF	13. FATHER'S NA	ME					
Baltin	more, M	đ.		W	SA COUNTRY?	Michael	McCo	armi ek				
14A.USUAL OCCL	JPATION (Give	e kind ol work	14B. KIND		ISINESS OR INDUST	RY 15. MOTHER'S MA	AIDEN N	IA ME				
accountar	working lite, ev nt	en itrefired)	Sta	te d	of Md.	Annie	Porry	7				
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCEC	2 1	7. SOCIAL	IB. INFORMANT			AI	DDRESS		
(Yes, no or unknown	(Ir yes, give w	W.II	or service)	2	12-01-3483	Margaret	0. Mc	Cormick	906 E.	Lake	Ave	
19. ///	2 1/1		- 1		CAUSE OF DE	ATH					PROXIMATE IN	
DISEAS	E OR COND	ITION DIRE	CTLY		Arter	iosclerotic	car	diovacci	lar die			
	LEADING TO	DEATH			(A)IMMEDIATE		· car	110 / 45 C	ilar arb	- 45		
heort foilure	not mean the e, osthenio, etc.	. It means the	e diseose,		DUE TO, OR	AS A CONSEQUENCE	E OF:					
injury or co	mplication which	ch coused de	oth.}									
	NTECEDENT				(B)							
DISEASES RISE TO TH	E ABOVE CA	ONS, IF ANY USE (A) STA	Y, GIVING		DUE TO, OI	R AS A CONSEQUENC	CE OF:					
II UNDERLYI	NG CONDITI	ON LAST.			(C)							
12		II										
OTHER SIGN	ATH BUT NOT	RELATED TO	THE TERMI									
	R CONDITION			EOD W	HICH OPERATION V	VAC DERFORMED				ISI AUTO	BCV2 /Voc o	e Na
S 1	r OFEKATION	208. COI	MUIIION	FOR W	HICH OPERATION V	VAS PERFORMED					PSY? (Yes o	
-141	NAL CAUSE	IAVAS	1	22R DI	ACE OF INJURY(e.g	in as about 225 W	WEDE DI	D /II to Politima	- Cian ship and	-	(parti	.a1)
O HAIDERLYING	G OR CON	TRIB-		home, f	orm, loctory, street, off	ice bldg., etc.) INJURY	OCCUR	?	re City, give exo	cr roconon)		
	(Month) (D	TH. (Yeo	r) (Hour) 22F	INJURY OCCURRED	22F. H6	OW DID	INJURY OCC	IP?			
OF INJURY (APPROX.)	(.,,		WH	ILE AT NO	T WHILE						
23.				m. WC		WORK						
l cer	tify that I h	eld on I	nquiry []		artial) utopsy (ond	that or	this basis,	deoth in my	opinian		
resul	ted from: N	otural cou	ses X	Acc	ident Suici				ned manner			
	7)	101	1/	,,	CHIEF	MEDICA	L EXAMINER			DATE CICA	IED
SIGNAT	11 /	wel	MI	Lu	W M.	ASSISTANT		L EXAMINER			DATE SIGN	4ED
EXAMIN NAME (IER'S RO	nald N	. Kor	nb1			MEDICA	L EXAMINER		5/9/	69	
24A. BURIAL CRE REMOVAL (Spec	MATION, 2	4B. DATE		24C.	NAME of CEMETER	or CREMATORY	24	D. LOCATION	(City, town	, or county)	(Stot	e)
Buri	-	5/12/1	1969	M	oreland Men	norial Cemt	T	aylor A	ve Ba	ilto.	Me	d.
25A. DATE REC'D	BY HEALTH	DEPT.	25B. N.		F REGISTRAR	25C. FUNER	AL DIRE			DDRESS		-
MAY	14 196	9 (1 Cold	定也	1. 6.9.,0	Mitchel.	ll'Wi	.edefeld	Home 65	500 You	rk Rd.	

VS 151-REV. 1/1/6B

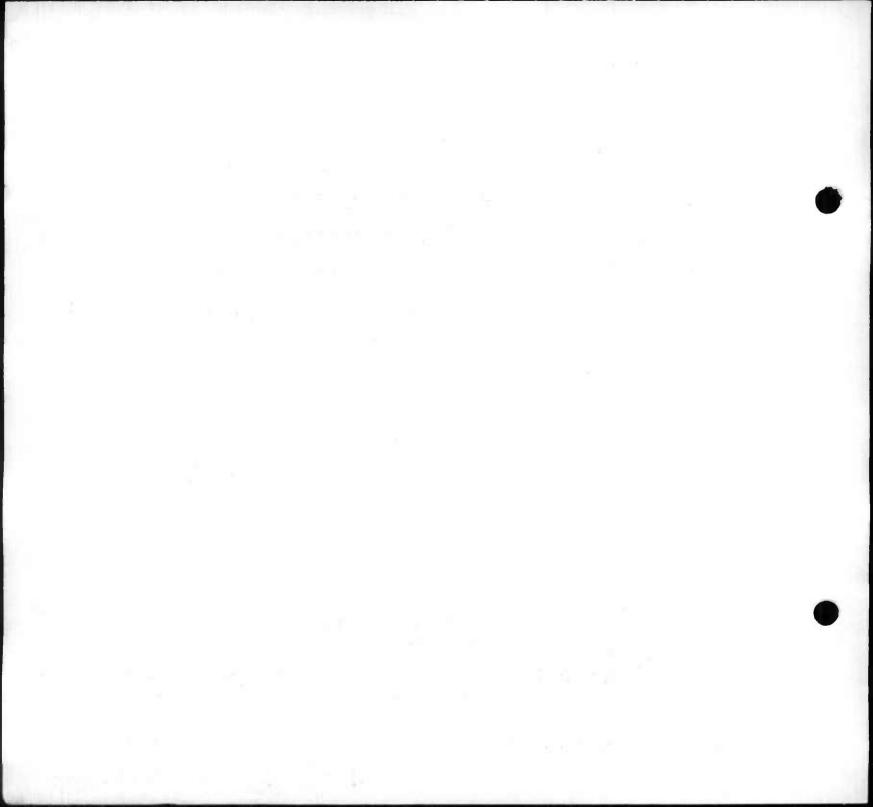
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1	05 4321	HEALTH DEPARTMENT 69 4921
S BI	RTH NO.	TE OF DEATH
	NAME OF DECEASED MARIE KACZMARCZYK	May 9 19691 4:00
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, it institution: residence before a A. STATE B. COUNTY
FI	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	MARYLAND 27.68
İħ	STITUTION	BATTIMORE D. INSIDE CITY LIMITS?
C	5618 Clearspring Rd.	E. STREET AND NUMBER
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	5614 CIEARSPRING KOAD 8. DATE OF BIRTH 9. AGE (In years If Onder 1 Yr. , If Under
r	EMALE WhitE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 11 Onder 1 Yr. If Under 1 Vr. Months Doys Hours
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
	HOUSE WIFE -	MARYLAND U.S.A
13	ANTREW SUMIK	14. MOTHER'S MAIDEN NAME
15	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT
(Y	ss, na ar ugknawn) (If yes, give war ar dates of service) SECURITY NO. 215-09-989	HEIEN ChojNACKA 17. INFORMANTEY KACZMARCZYK ADDRESS STANLEY KACZMARCZYK ADDRESS STANLEY KACZMARCZYK ADDRESS STANLEY KACZMARCZYK ADDRESS STANLEY KACZMARCZYK ADDRESS
-	18. 4 10.9 41 250.9 CAUSE OF DEATH	APRIOXIMATE IN BETWEEN ONSET A
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A Civonary Perturin anno 2.
	(This does not meen the mode of dying, e.g., heart follower, osthenio, etc. it meens the disease,	A CONSEQUENCE O
	injury or complication which coused death.)	
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C)	
		A
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	While to 8 yrs
ACIZ	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CEPTIELC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Baltimore City, give exact location)
1	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	ffice bldg., INJURY OCCUR?
O C	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW OID INJURY OCCUR?
244	(APPROX.) While At Not While At Work	
	22. I certify that (1) (talk heepitor) offended the deceased from	19 44 to 5 Min 15
	that (I) (we) last sow the deceosed alive on 30 1000	19 6 ond that in (my) (our) opinion death occurred an
	and hour and from the couses stoted obave. (1) (We) (did) (did not) v	23B. DATE SIGNED
	Mwaw Fin mm OEGREE Phys	ending Med. Staff 12 May 69
	23C. PHYSICIAN'S NAME (Type)	BOY WOW AND W
2	A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF CRE	K of it only and
2"	REMOVAL (Specify) S-13-69 ST. STANIS	LAUS BALTIMORE MARY
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR T. MATTHEWS ADDRESS
	MAY 14 1969 (10 9 6, 1918 47)	3021 FASTERN A



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

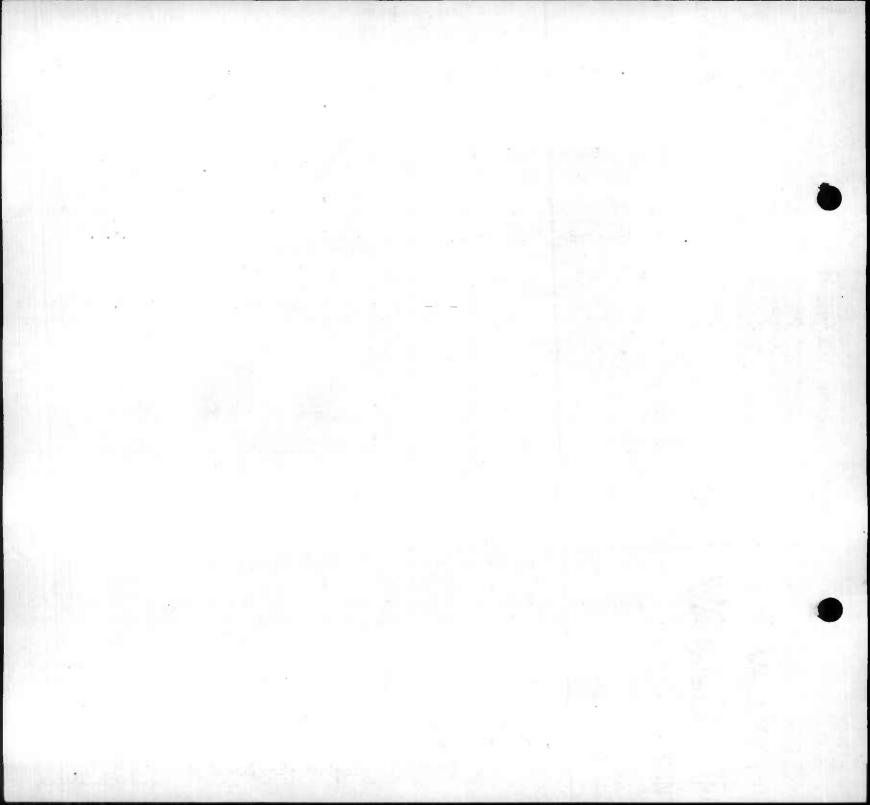
	HEALTH DEPARTMENT
BIRTH NO. 69 4922 CERTIFICAT	E OF DEATH REG. NO. 69 4922
I, NAME OF DECEASED	DATE AND HOUR OF DEATH
(Type or Print) CHARLES LAWRENCE HROMADK	A MAY 12, 1969 9:00 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND C.CITY OR TOWN D. INSIDE CITY LIMITS?
UNION MEMORIAL ILDSPITAL	BALTIMORE YES NO NO
44	2437 Jefferson ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	08-70-78
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired)	1. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Leuse GRINDER Optical Mant	MARYLAND AMERICAN
	MOTHER'S MAIDEN NAME
CHARLES HROMADKA	ANNA VYSKOCIL
15. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown Uf yes, give wor or dotes of service SECURITY NO.	NIFORMANT ADDRESS
Yes wwI 212031991	Cecella Prucha 805 h. Port St.
18. CAUSE OF DEATH	houch opening our BETWEEN ONSET AND DEATH
LEADING TO DEATH	
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or camplication which coused death.)	CONSEQUENCE OF:
ANTECEDENT CAUSES To cal	en loni lis.
DISEASES OR CONDITIONS, if ony, giving	CONSEQUENCE OF:
rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	rulitis of colon.
7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	y, > '
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	120A ALLEG BRUD IV Al. N. 20B 15 400
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street office of the contribution of the contri	or obout 21C. WHERE DID (If In Boltimore City, give exect location) e bidg INJURY OCCUR?
OF INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Approx.) While At Not While Not Wh	
	-pril 19, 1969 to MAY 12 1969
that (1) (vez) lost sow the deceased alive on MAY 12	1969 ond that In(my) (and opinion death occurred on the date
and hour and from the causes stated abave. (1) (WE) (dld) (did not) vie	w the body ofter deoth.
23A. SIGNATULE	23 B. DATE SIGNED
Attendi	ing Med. Staff MAY (2, 1969)
22C BUYCLCI AARC	D. ADDRESS UNION WEMORIAL HOSPITAL
DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREM.	ATORY 24D. AOCATION ICity, town, or countyl (Stote)
OKEMOVAL ISPECITYI	B. Harry
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C-HUNEVAL DIESCOOP
MAY 14 1969 (7.02 068 20 000)	25G-FYNERAL DIRECTOR 1211 Chos Aco Acro
The same of the sa	The state of the s



	BALTIMORE CITY HEALTH DEPARTMENT	
22	CERTIFICATE OF DEATH	

REG. NO.	69	4923

1 - 1	BALTIMORE CIT	Y HEALTH DEPARTMENT X 69 4923
Pedia Pedia	BIRTH NO. 69 4923 CERTIFICA	ATE OF DEATH
of death of death Deceased e on the ith. Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
a de de	V. Emerson Werner	May 11, 69 1:42 pm.
The De	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
- U O	SHILL NAME OF THE NOT IN HOSPITAL OF INSTITUTION CIVE STREET	Md. Baltimore 53-00
T 200	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
a h caus se; (enda to o	THAS THO HOM	Catonsville YES X NO
d in cau atte	33 Johns Hopkins Hospital	E. STREET AND NUMBER
d tin	DOMES HOPKING HOSPICEL	1521 Woodcliff Ave.
TO O D	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
in in in in in in in in in in in in in i	WIDOWED DIVORCED	May 9, 1911 lost birthdoy Months Doys Hours Min.
oon re re re	Male White WIDOWED DIVORCED 100A, USUAL OCCUPATION (Give kind of work 1008, KIND OF BUSINESS OR INDUSTRY	
th in ec	done during most of working life, even if retired)	
s s	Sup. of Maintanence Koppers Company	Baltimore Maryland U.S.A.
if de ect c 4) Ur was the sposif	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Frederick Werner	Amelia Ludwig
di di di di di di di di di di di di di d	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
istar he d kind deat ce o	NO SECURITY NO.	Leona Werner 1521 Woodcliff Ave. Catonsville
SS T L	18. CAUSE OF DEAT	
s a an ceo	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Also, ire of an nounce attend		44-11
Als nou att	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CA	USE CONTROLLY TO COMB SUSTED 1 BOLL
ar ba	heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	
E 6 2 2 E		11/2
T training	(B) CONDITIONS (C) DISTRIBUTIONS	S A CONSTOURNCE OF: COMBOSIS - DId 3 mon.
XXX	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A:	A CONSTRUCTION.
1 0 0 E	UNDERLYING CONDITION last. (C)	
lical lical rrns; sicio	11	
edice burr burr hysi n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
m m m m m m m m m m m m m m m m m m m		
a ody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2 × 8 + > 5	ER C	
the (2) ere o ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, or	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
y ti	DEATH (notify medical examiner)	
0072	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
hos atu	OF INJURY (APPROX.) While At Not Whi Work At Work	ile 🔲
> = 0 D B		
0 O	22. I certify that (I) (this hospital) attended the deceased fram. D.	
= 0 - 0	that (1) (we) last saw the deceased alive an M. M. S.	19 6 9 and that in(my) (aur) apintan death accurred an the date
	and haur and fram the causes stated abave. (1) (Wa) (did nat)	view the bady after death.
ust be ased dent ospit deat must	23A. SIGNATURE	23B. DATE SIGNED
must eleas ccide rcide to do	C De Jones Back Ph	rending Med. Director Staff 5 112 16 9
	23C. PHYSICIAN'S	23D. ADDRESS
	NAME (Type)	711 = =
-	DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CE	AT L-LOGGET ST
F > 0 0 0 0	REMOVAL (Specify)	
	Burial May 14, 69 Woodlawn Cemet	
	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
This the sho was	MAY 14 1969 1 5 9 0 0	Loging Byers Chapel 8728 Liberty Rd.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/68

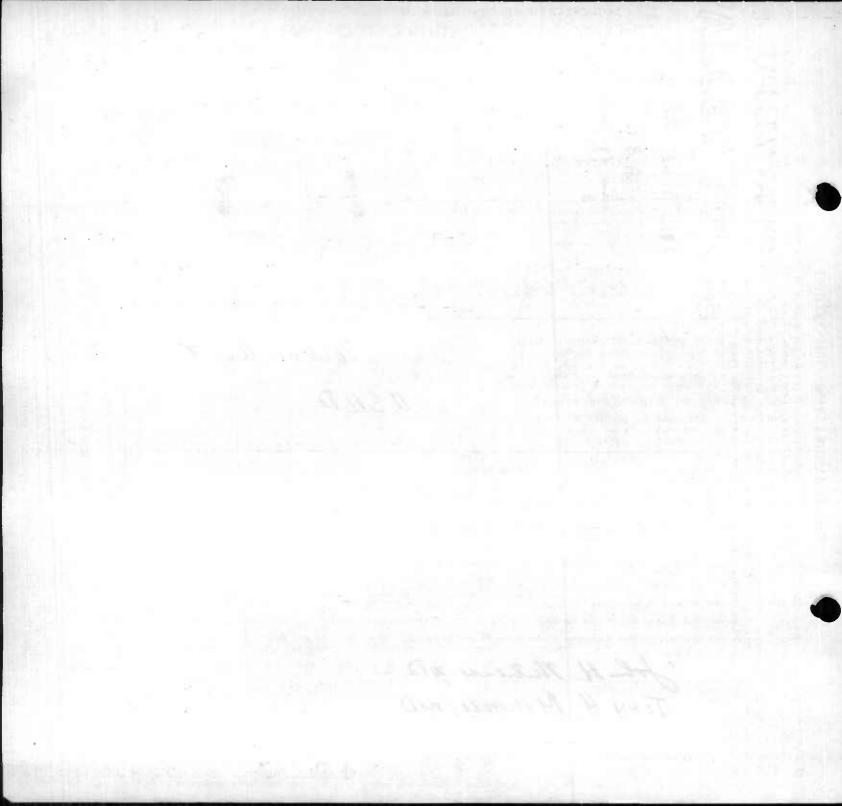
CEDTIFICA	TE OF DEATH REG. NO. 69 4924
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
RUTH ANN BADEN	MAY 12, 1969 7:50 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND Anne Arundel 52-00 C. CITY OR TOWN D. INSIDE CITY LIMITS?
ST AGNES HOSPITAL	E. STREET AND NUMBER
70	556 CLEVELAND ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs. Manths; Doys : Hours : Min.
FEMALE WHITE WIDOWED DIVORCED	111 11 80 70
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) HOUSEWIFE (Ret.) Dup - Home	
HOUSEWIFE (Ret.) Own - Home	WASHINGTON D.C. US A
WILT HEINARD	BELLE HUGHES
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	A Mrs. Jane Chaney (daughter)
No None 577-14-7086'	ST AGNES RECORDS Same AS # 4
ANTECEDENT CAUSES	(ascending Colon and Coecum)
UNDERLYING CONDITION lost. (C)	A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A. DATE OF OPERATION 19-B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21-A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTERVALOR OF	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	n or about 21 C. WHERE DID Uff in Radilmara City also evad beatles
OF INJURY (APPROX.) Continued of the property of the proper	215. HOW DID INJURY OCCUR?
	MAY 1 1969 to MAY 12 19 69 19 69 and that in (My) (our) opinion death occurred on the date
23A. SIGNATURE A. SKAMA, M.D. Atter	nding Med. Stoff Director Phys. 238, DATE SIGNED
NAME (Type) A. SHAMS. M.D.	St Agnes Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY	MATORY 24D. LOCATION (City, lown, ar county) (Stole)
	emetery Washington, D.C.
MAY 14 1969 (258, NAME OF REGISTRAR AND	Singleton Funeral Home, Glen Burnie, Md

Burnie,

. A THE STATE OF A SECOND STATE OF THE SECOND

P-33	69	492	5 BALTIMORE CITY	HEALTH DEPARTMEN	VT /	00	
,	20	TUL	CERTIFICA	TE OF DEAT	H REG. NO	69 492	E
BIRTH NO.	CEASED				TE AND HOUR OF DEAT	Н	
(Type or Print)	Alfonso P.	atacce		-	-12-69	1 8:05	Α,
3. PLACE IN BA	LTIMORE MARYLAND, W		OUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If		
					Delta	60 00	
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	ITUTION, GIVE STREET	Maryland c. City of town	Baltimore	ISIDE CITY LIMITS?	
INSTITUTION	Baltimore Cit,			Baltimor		YES NO	
-//	4940 Eastern			E. STREET AND NUME		123	
	Baltimore Md.		4	203 /Wamp	ler Rd. 2122	0 005	
. SEX	6. RACE	7. AAADDIEI	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If	Under 24 Hrs
Male	White	WIDOWE		7-22-06	last bigliday)	Months Doys Hou	urs Min.
		108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WH	AT COUNTR
	of working life, even if retired)	017	n Company	Ohio Co	lombus	U. S.	٨
Plumme 3. FATHER'S NA		OW	it combails	14. MOTHER'S MAIDEN		0. 5. 1	A. e
	Angelo Pa	tacca			plendora Coti	cchia	
5. Was Decease	ed Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS	
Yes, no or unknow No	(If yes, give wor or dote	es of service)	213-07-0311	BCH Records	: 4940 Easte	m Ave. 2122	24
18.44	2.31		CAUSE OF DEAT	Н			ATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		1. 1-	6 +	20	-
471.	LEADING TO DEATH		(A) IMMEDIATE CA	ISE CALALAL	arrest	30 1	mer
	not mean the made af , osthenia, etc. It means			A CONSEQUENCE OF:			
injury ar ca	implication which coused	deoth.)	4	0110			
	ANTECEDENT CAUSES		(0)	SHD.			
	OR CONDITIONS, if		9	A CONSEQUENCE OF:	***************************************		
	he above cause (A)	slating th	(C)				
01100111	11		(0/	••••••			
OTHER SIGN	II IFICANT CONDITIONS CO	NTRIBUTING	3				
TO THE DEA	ATH BUT NOT RELATED TO T	HE TERMINA					
	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes		E FINDINGS CONSIDER	ED
1 7,	WAS PER	FORMED		Yes	Y ES	AUSES OF DEATH?	
21A. ACCID	ENT WAS UNDERLYING	2	18, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE D	OtD (If In Boltim	nore City, give exact local	tion)
	fy medical examiner		ome, form, foctory, street, o tc.)	ffice bidg., INJURY OCCU	J K?		
21 D. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
OF INJURY		V	Vhile At Not Whi				
		٧	Vork L At Work	_	-60		
	y that (I) (this hospito		TO A CONTRACTOR	OA 5-12	19 69 to) ·	19
that (I) (we	e) lost saw the deceose	ed olive on	DOA 5-12	19 69	nd that In(my) (our) o	pinian death occurre	d on the do
and hour a	nd from the couses sto	ted above.	(I) (We) (did) (dld nat)	view the body after de	eath.		
23A. SIGNAT				•		23B, DATE SIGNED	
1	fol H no	while	ey MD AH	ending Med. Director	Staff Phys.	5-12-6	9
23C. PHYSICI	AN'S		UEGKEE!		more City Hos	nitals	
NAME	a HAC H N	11711	471 UAD	Datet	Footown Asso	21224	
24A. BURIAL CR	EMATION 24R DATE	240	NAME of CEMETERY OF CR		Eastern Ave.	(City, town, or county)	(Stote)
REMOVAL	(Specify)			2		-	
Buria	5-16-		oly Redeemer		altimore	City	Md.
25A. DATE REC'	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRE	01.78	ADDRE	
			U	- A - A	h	ADDRE	SS

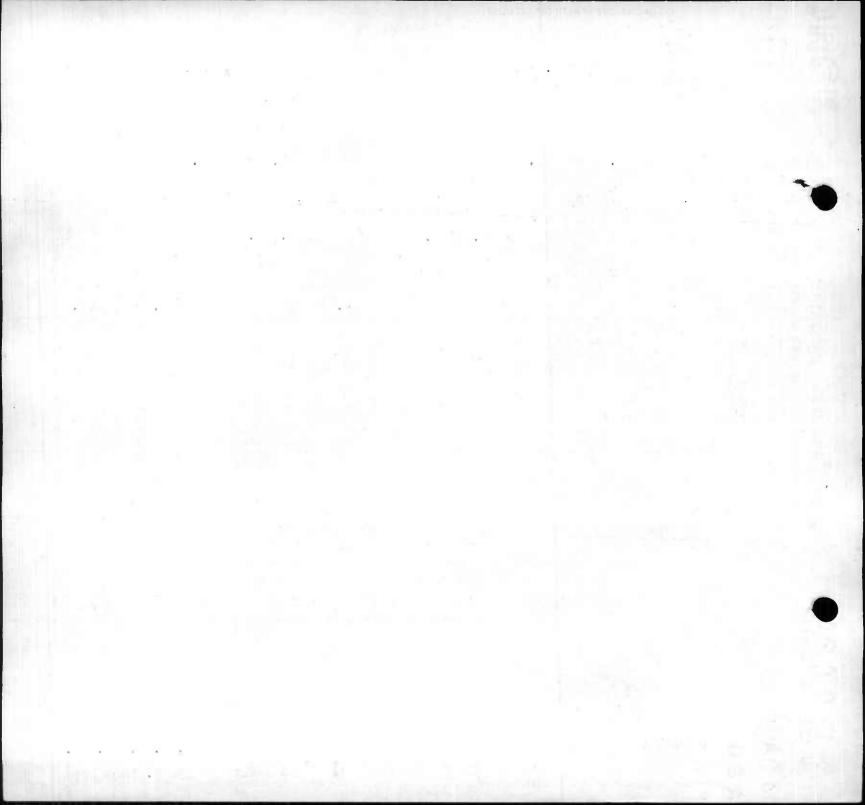
dassahn Fureral Home 7401 Belair Road 21236 VS 150-REV. 1/1/68



TOISEAST DIRECTOR: MILLONICAL	3	
	and a	
by the chief medical examiner or his assistant if death occurred in a hospital and	nospital and	
spiral by a medical examiner. Also, if the direct or contributing cause of death	se of death	-
ure; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(5) Deceased (5)	
where the physician who pronounced death was in regular attendance on the	ance on the	
) No physician was in regular attendance on the deceased prior to death. Such	death. Such	1
and the form of the management of the second		

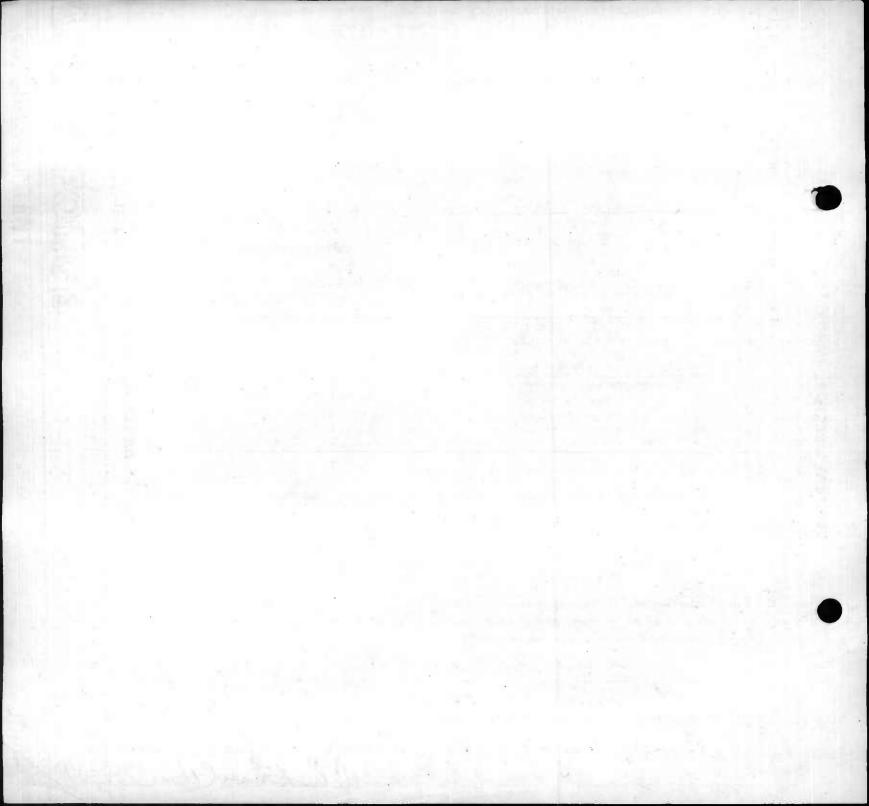
VS 150-REV. 1/1/6B

622	69 4926	TE OF DEATH REG. NO. 69 4926					
the the	BIRTH NO.	TE OF DEATH					
of death of death Deceased e on the 1th. Such	(Type or Print) Norman A. Burke	2. date and hour of death May 11, 1969 /7:48, A.M.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
hosi use (5) danc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland 24-02 c. CITY OR TOWN D. INSIDE CITY LIMITS?					
cau cau use; tend	INSTITUTION	Baltimore D. INSIDE CITY LIMITS?					
ting d ca d ca prio	00 608 E. Fort Ave.	E. STREET AND NUMBER 608 E. Fort Ave.					
occult ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH April 26, 1907 9. AGE (In yeors lost birthdoy) 9. AGE (In yeors lost birthdoy) 62 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
det det	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working lite, even if relired) Deputy Sheriff Balto. City.	11. BIRTHPLACE (Stote or foreign country) Balto. Md. 12. CITIZEN OF WHAT COUNTRY? U.S. A.					
rect o (4) Un was the isposit	13. FATHER'S NAME Harry Burke	14. MOTHER'S MAIDEN NAME Mary Arnold					
ind; eath e on al di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
Fire de A	NO CAUSE OF DEAT	Mrs. Hilda Burke 608 E. Fort Ave.					
chief medical examiner or his asy a medical examiner. Also, if Body burns; (3) A fracture of any the physician who pronounced ysician was in regular attendate the remains are embalmed or	ANTECEDENT CAUSES (B) Gara	DE My O carilical A CONSEQUENCE OF: Life of the order A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
ital by a e; (2) Bod here the No physic before th	OR CONTRIBUTING CAUSE OF Local Control of the contr	in or about 21 C. WHERE DID (If In Baltimore City, give exact location) ffice bldg., INJURY OCCUR?					
hospinatur ept w d (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work Not While						
	22. I certify that (I) (this haspital) attended the deceased fram 1 11 15 65 19 to 5/12/65 19						
_ 0 _ 0		and that in (my) (aur) apinian death accurred an the date					
must be a eleased to ccident of a hospital to death)	and haur and fram the causes stated abave, (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Phys. Med. 5haff Director Phys.						
ficate was r A. at a prior	NAME (SO) / CARDO LOZADA DEGREE	122-8 5-chals St. plfo-plf 2123					
certifoody /s: (1) D.O. ased	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR. REMOVAL (Specify) 5 15 69 Glen Haven	Glen Burnie, A. A. Co. Md.					
this the k show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25A. 1 4 1969	Mo Curly 130 E. Fort Ave					



VS 150-REV. 1/1/6B

111	BALTIMORE CITY H	REG. NO. 69 4927					
- 0 Y O	69 4927 CERTIFICAT	E OF DEATH X REG. NO.					
	BIRTH NO.	2. DATE AND HOUR OF DEATH					
Sede	(Type or Print) BARLEY MR. FERDINAND	L. 5/7/69 at 7.40 PM 1 7.40 PM					
of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) A. STATE B. COUNTY					
Se (5) [ance dea	į (1	MARYLAND BALTIMORE 53-00					
J TO	HOSPITAL OR ADDRESS OR LOWER TONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
use ten ten	1 A Home of Hospital	BALTIMORE YES NO					
o a to o	Church Home a Hospasa	E. STREET AND NUMBER					
ar de.	35	3486_ MCSHANEWAY MD. 22.					
	MARKIED NEVER MARKIED	9. AGE (In years lost birthday) 9. AGE (In years Months Days Hours Min.					
ontrib regul ased is ma	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11	12 111					
ece on	done during most of working life, even if retired)	MARYLAND USA					
on S pit	LEVER BROTHER, MANUFACTURER.	4. MOTHER'S MAIDEN NAME					
wa the spos	A						
display	AUGUST BARLEY	ANNA GIZLEN					
D = 0 =	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	DR. VAN CONGMO. Church Homed Hospital.					
the de nce fina	No. 215-10-6906	IN THE STATE OF THE MEDITION OF THE STATE OF					
4 200	18. 5 7 1 9 L CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
den 4.0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DOLORHOSIC DELIVED					
Als nou att		OCIRRHOSIS OF LIVER,					
roi dr	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	PARTERIOSCLEROTIC HEART DISEASE 10-18 TO					
T C D E	ANTECEDENT CAUSES	RENAL FAILURE sected few					
A fr ho vho reg	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A	CONSEQUENCE OF:					
3) (E L	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) RESPIRATORY FAILURE						
cal ns; (icia as as	UNDERCTING CONDITION IDS., (C)						
- L S 3 E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chalecy Shi	tri, cholelettuaris, Diahotes					
phy phy an	DISEASE OR CONDITION GIVEN IN PART 1 (A).	, , , , , , , , , , , , , , , , , , , ,					
a ody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
by 2) Bore phys	4.17.69 WAS PERFORMED Chole cyshtin 21B. PLACE OF INJURY (e.g., in	or obaut 21C. WHERE DID (If In Baltimore City, give exact location)					
(2) ph efor	OR CONTRIBUTING CAUSE OF home, farm, factory, street, offic	e bldg., INJURY OCCUR?					
N A N							
osp turituri (6)	21D. Time (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?					
h ce d	(A PPROX.) Work At Work						
any (ex) an	22. I certify fild (I) (Illia lidapitor) diferided the deceased fidm	1 30. 1969 to 5. 7. 1969					
be,	that (1) (we) last saw the deceased alive an	1.1969 and that in(my) (aur) apinian death accurred an the date					
D + + + +	and haur and fram the causes stated above (I) (We) (did) (did view) vie						
den dec dec	23A. SIGNATURE	ding Med. Stoff Med.					
a + 5 = c	GEGREE Phys.	Director Phys. La					
An a Lat at a prior	23C. PHYSIQIAN'S DAAM VAN BONGMO ²³	D. ADDRESS Connella Idanie a 17050.					
- 4	GEGREE GEGALATION GAR DATE	AATORY 24D, LOCATION (City, town, or county) (Stote)					
P O D D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, town, or county) (Stote)					
the body shows: (1) was D.O. deceased	During May 2169 Ballo Nales	onal Ballina					
the b show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR					
± 2 3 0 3	MAY 14 1302 VIOLED E. VILLEY	What man Home Dunkall					



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proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	0 00 0
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Decayed	was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
HE W	d p
body S: (ase en
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FTS	₹ \$ €

69	4000	BALTIMORE CITY HEA	LTH D	EPARTM	ENT
00	4320	CERTIFICATE	OF	DEA	TH

DEATH	/

69 4928

BIRTH NO.			CERTIFICA	IF OF D	EATH	KEG. 140		10/20
1. NAME OF (Type or Print)					2. DATE A	ND HOUR OF DEATH		
	HAMER, Lewis	Samuel			5-9-			11:20 P
	BALTIMORE, MARYLAND,	WHERE PRONG	DUNCED DEAD	4. USUAL RESI		ne deceased lived. It is	nstitution: tesidence	e belose odmissio
FULL NAME HOSPITAL OF			TUTION, GIVE STREET	Marylan		Kentco.	64-00	2
12	Veterans Admi	nistrat	ion Hospital	Rock Ha		D. INS	YES X	моП
2	3900 Loch Ray	en Boul	evard	E. STREET AND			1E2 [X]	NO [
	Baltimore, Ma	ryland .	21218	North M	aine			
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years	If Under 1 Yr.	. If Under 24 H
Male	Caucasian	WIDOWED	DIVORCED T	9-29-15		lost birthdoy) 53	Months Doys	If Under 24 H Hours Min.
IOA, USUAL O	CCUPATION (Give kind of wo	rk 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	1State or fore	ign country)	12. CITIZEN OF	WHAT COUNT
Mainten	or working lile, even it reliced							
13. FATHER'S				Demopol			U.S.	A.
John M.				Helen B				
5. Was Deceo	sed Ever in U. S. Armed Frown) (If yes, give wor or do	orces?	16. SOCIAL SECURITY NO.	17. INFORMANT	VA Ho	spital Recor	ADDRI	ESS
Yes	4-14-47 to		250-40-89-62	Baltimo	re. Me	ryland 21218	3	
DISEASES	LEADING TO DEATH s not meon the made a re, asthenio, etc. it mean complication which cause ANTECEDENT CAUSE OR CONDITIONS, it the above cause (A) ING CONDITION last. II NIFICANT CONDITIONS CO	d dying, e.g., s the disease d death.) S any, giving stoling the	(B)	SE CAPCINO A CONSEQUENCE A CONSEQUENCE	OF:	ung		
OTHER SIGNATION THE DESCRIPTION THE DESCRIPTION TO	OF OPERATION GIVEN IN PA	NDITION FOR	WHICH OPERATION	20A-AUTOPSY Yes	? (Yes or No	20B. IF YES, WERE IN CERTIFYING CAN	FINDINGS CONSIDUSES OF DEATH?	DERED
. OR CONTR	DENT WAS UNDERLYING DEUTING CAUSE OF	218 horr	PLACE OF INJURY le.g., in e, form, foctory, street, off	or chout 21 C. W.	ERE DID OCCUR?		e City, give exoci le	
O 21D. TIME	[Month] (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	215, HO	W DID INI	URY OCCUR?		
OF INJURY		Wh	lle At Not While		11 010 1143	OK! OCCOR!		
22 1	6 at a 88 care to	Wo						
1 -4 /8C/	fy that 🗯 (this hospita	i) attended t	he deceased from A	oril 14,		9 69 to May		19.69
	e) last saw the decease			19 69	and the	at in (ally) (aur) apir	ilan death occu	rred on the da
and haur o	and from the causes sta	ted above. 🛚	(We) (did) (如政府(東 vi	ew the body af	er death.			
23A. SIGNA	TURE)	0				23 B. DATE SIONE	D
	11/	7	DEGREE Phys.	ding Me	d.	Staff Phys.	5-10-69	,
23C. PHYSIC NAME	(Type)	T DAWAR	2:		3900 L	och Raven Bo	oulevard	
4A. BURIAL C	NAGAL R. E		DEGREE			ore, Marylar	nd 21218	
KEWOAYI	. (Specify)	4.0	ME of CEMETERY OF CREA			CATION (City	y, town, or county)	(Stote)
Buria	1 -1 -01		sley Chapel	Cemeter	y Roc	ck Hall, M	d.	
DA. DATE REC	Y 14 1969	25B. NAME C	F REGISTRAN	25C FUNERAL	DIRECTOR	1 1 1 11	Chestert	
S 150-REV. 1/	1/68			1 (/	1111	4000		, , , , ,
				1/				

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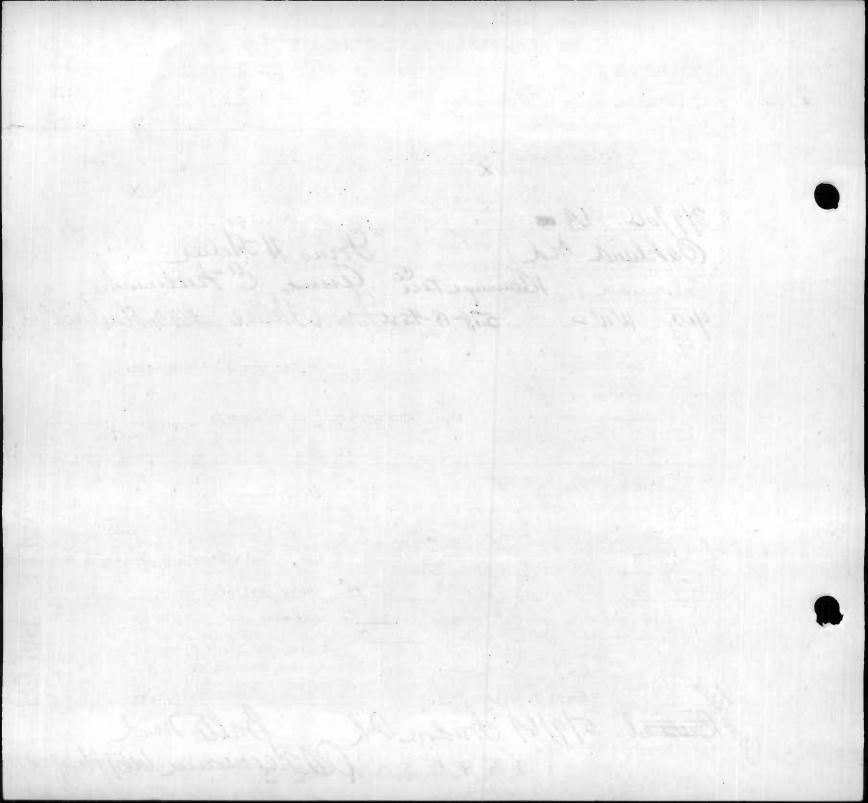
	occurre	ontribut	ermined	regular	The same
	death	ct or cc	Undete	vas in	La dans
TANT	istant i	he dire	kind; (4	death v	A me es
FUNERAL DIRECTOR: IMPORTANT	be approved by the chief medical examiner or his assistant if death occurre	ed to the hospital by a medical examiner. Also, if the direct or contribut	nt of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined	pital (except where the physician who pronounced death was in regular	market and (A) We referred the same in sometime make a description of the description
TOR:	ıminer	miner.	fracture	no pron	A military
DIREC	ical exo	cal exa	A (E) 'SL	ician w	-
JERAL	ief med	a medi	ody burn	e physi	
F	y the ch	ital by	e; (2) B	vhere +	Ma share
4	proved b	the hosp	ny natus	except v	(Y) Pun
	be ap	ed to 1	nt of a	pital (- Laber

BALTIMORE CITY HEALTH DEPARTMENT 4929 CERTIFICATE OF DEATH of death Deceased the Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Lo 8 a hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance ing cause d cause; (5) (2) GUEN BURNIE FULL NAME OF HOSPITAL DR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LDCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 SQUARE HOSP 77 YES NO prior E. STREET AND NUMBER is made. 5. SEX 9. AGE (in years Il Under 24 Hrs. Hours : Min. MARRIED NEVER MARRIED If Under 1 Yr. deceased Hours lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) 20 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WICLIAM 15. Wos Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (11 yes, give wor or dotes of service) 16. SOCIAL ADDRESS SECURITY NO. 50516 10 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH PNEUHONIA (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl lailure, asthenia, etc. It means the disease, injury as complication which coused death.) BNOCARCINOMA STOMACH ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION Jost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS DEPLORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notily medical examined obtained (Month) (Doy) (Year) (Hour) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPRDX.) At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. that in (my) (bur) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must hosi 238, DATE SIGNED the body was releas An accide Ö Attending ___ approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS prior ŧ NAME (Type) SUNAN D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specily) shows: MAY 12 Mas 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C FUNERAL DIRECTOR VS 150-REV. 1/1/68

4460

69 4930 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMIN	NER'S CERTIF	CATE OF	DEATH	REG. NO	69	4930
BIRTH NO. 1. NAME OF DECEASED	2. DATE	V	144L	D-	Yeor	Ci.
(Type or Print)	OF OF	Known XX	Month	Doy		Hour
LOUIS L. HELLER	DEATH	Estimoted 🗌	5	6	69	4:30рм.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE		UNCED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION) OR INSTITUTION	NEL I			, 19		4:30р м.
	A. STATE	RESIDENCE (Where		COUNTY	1)	erore damission)
Johns Hopkins Hopital		Maryland			26.	-53
6. SEX 7. RACE 8. MARRIED NEVER N	ARRIED C. CITY O	RTOWN	D.	INSIDE CITY	LIMITS?	
		lto.		YES	N V	10 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If U Months; Doys; I	Inder 24 Hrs. E. STREET	AND NUMBER				
3/9/06 63		L 5613 Si	nclair I	ane		
11. BRTHPPACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	ITDV2	S NAME -11	1/ 11			
Capland md	00	rus H	Jacke	1		
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS Colone dyning post of working life, even if retired)	OR INDUSTRY 15. MOTH	R'S MAIDEN NA	ME 60 61	0	,	
11/1/200	Tice of	una .	C. 12	edu	uch	2 (2
16. WAS DECEASED EVER IN U.S. ARMED FORCES? I SOCIA		MANT //	20	ADD	RESS	1:05
(Yesing or unknown) (If yes, give war or dotes of service)	1-45201011	se dell	121, =	56130	Line	Varia
V9.	JSE OF DEATH					ROXIMATE INTERVAL EN ONSET AND DEATH
1 = 799 \					BEIWE	EN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Bullet w	ound of	the ha		
(This does not mean the mode of dying, e.g.,	DUE TO, OR AS A CONSE		ound or	the bra	arn	
heort foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)						
ANTECEDENT CAUSES (B)	Gunshot wo	und of the	mouth			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR AS A CONS	QUENCE OF				
UNDERLYING CONDITION LAST.	*					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPI						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OP	RATION WAS PERFOR	MED			21. AUTOP	SY? (Yes or No)
0 2					(HEAI))
22A. EXTERNAL CAUSE WAS 22B. PLACE OF I	NJURY (e.g., in or obout y, street, office bldg., etc.)	22C. WHERE DID	(If in Boltimore C	ity, give exoct	locotion)	26-53
	ome	Apt. L 5				edroom
22D. TIME (Month) (Doy) (Year) / (Magy) 22E.INJURY	OCCURRED	22F. HOW DID IN	JURY OCCUR?	TOTAL TI	alle_be	SQT OOM
WHITE AT	NOT WHILE	Colf in	flicted			
(APPROX.) 5 6 69 4:30ps, WORK	AI WORK ALAI	Sell III	flicted	wound		
I certify that I held an Inquiry Inspection	Autopsy 22	and that an t	his basis, de	ith in my a	plnian	
resulted fram Natural causes Acgident						
resorted fidular cooses to Accident	JOICING ELL	CHIEF MEDICAL I				
ACTUAL SA A TOUR	ACC					DATE SIGNED
SIGNATURE SIGNATURE	M.D.	SISTANT MEDICAL		X.		
NAME (Type) Edward F. Wilson M.D.		OCIATE MEDICAL I	EXAMINER	5/7/6	50	
	CEMETERY OF CREMAT	ORY 24D	LOCATION	(City, town,		(Stote)
RIVALACE DID 6-10/14			15 17	2.	_0	(5.5.5)
17/67 Ona	on the	1	rall	In		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	RAR 25C	FUNERAL DIRECT	OR	ADI	DRESS	11 , 1
MAY 14 1969 Willed 1921	Man add	1d de	May	u le	2001	Hay R
VS 151-REV. 1/1/68 A		7 4			-1	-()
14.0 / 51/						



MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

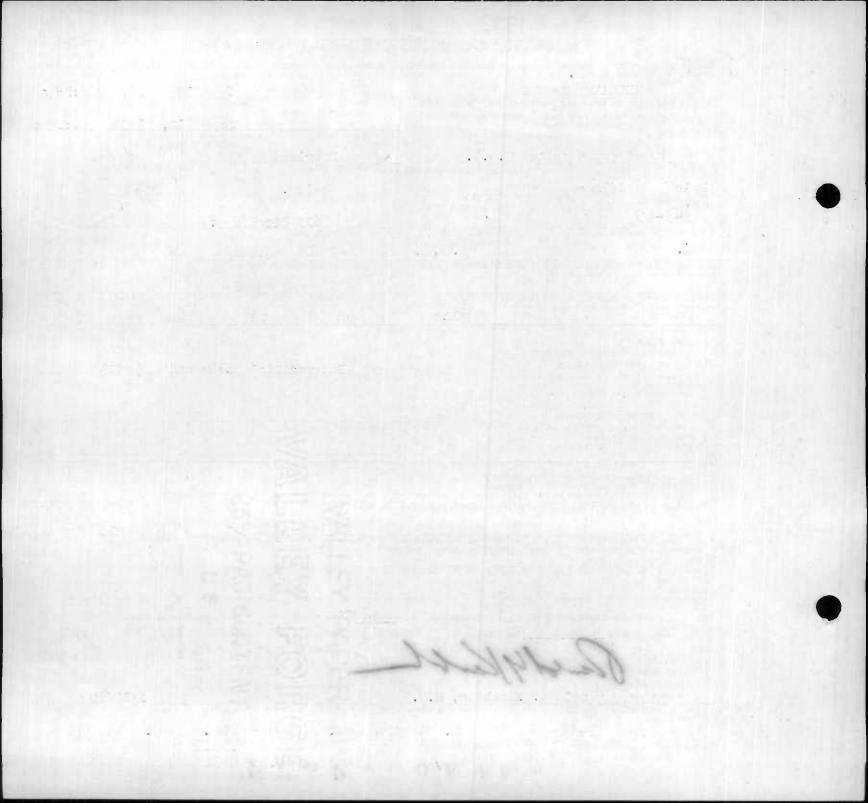
BIRTH NO.	REG. NO.						
1. NAME OF DECEASED	2. DATE Known X Month Doy	Yeor Hour					
(Type or Print) John Henry Lerch	OF DEATH Estimoted 5 10	1969 8:23 PM _M					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 5 10 5. USUAL RESIDENCE (Where deceased lived. If institution	1969 8:23 PM _{M.}					
34 Bon Secours Hospital	A. STATE Maryland B. COUNTY 20-04						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?					
Male White WIDOWED DIVORCED	Baltimore YE	s 🗓 NO 🗌					
9. DATE OF BIRTH 12/22/1892 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 141 Willard Street						
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT/COUNTRY?	FREDERICK LERCH						
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	CAROLINE DRESCHER						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.		ffalo N.V.					
19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY Stab To	younds of chest and abdomen						
LEADING TO DEATH							
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:						
ANTECEDENT CAUSES (8)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:						
UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAR	AS PERFORMED	21. AUTOPSY? (Yes or No)					
22A. EXTERNAL CAUSE WAS UNDERLYING IN CONTRIB- UTING IN CAUSE OF DEATH. 228. PLACE OF INJURY(e.g., home, form, foctory, street, office street.	in or obout 22C. WHERE DID (If in Boltimore City, give exo ce bldg., etc.) INJURY OCCUR? side of 2331 Frederick	20-05					
22D. TIME (Month) (Doy) (Year) (Hour) 22E. TNJURY OCCURRED	22F. HOW DID INJURY OCCUR?						
OF INJURY 5 10 1969 7:50P WHILE AT NOT AT W	apparently stabbed duri	ng attempted					
	ond that on this basis, death in my	opinion					
resulted from: Notural causes Accident Suicid	de Hamicide 4 Undetermined monner						
	CHIEF MEDICAL EXAMINER	DATE CIONIED					
SIGNATURE MUSICA TOLL M.D.	ASSISTANT MEDICAL EXAMINED	May 11,1969					
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	1111/ 2292/07					
24A. BURIAL CREMATION, 24B. DATE Z4C. NAME of CEMETERY REMOVAL (Specify)	cert. BAITO,	(State)					
25A. DATE RECID-BY HEALTH DEPT. 258. NAME OF REGISTRAR		DDRESS /					
MAY 14 1969 (Regulation 8-7)	& & Mac Wall 301	Fragerick Rd					
VS 151-REV. 1/1/68	- D	W. 10 11/20 V					

Butobek BELL OR SERVICE AND LEADER BUTTER WHE EVELOR STUDIES WESTERN CON . LANGE

69 4932BALTIMORE CITY HEALTH DEPARTMENT

69	4932

BIRTH NO. 69-	4066	MEL	DICAL	EXAN	AINER'S	CERTIFI	CAT	E OF	DEAT	H REG. NO	00	4004
1. NAME OF DECEASED K.					2. DATE	Knov	vn XX	Month	Day	Yeor	Hour	
(Type or Print) WILLIAM HUNTER					DEATH	Estir	noted 🗆	5	12	69	9:50 a м	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE			Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				PRONO	UNCED	DEAD	May	12.	1969	9:50 8		
OR INSTITUTION			1				ESIDEN	CE (Where		ed. If institution		pefore odmission)
Pro	vident	Hospi	tal D.	O.A.		A. STATE	lary]	and		B. COUNTY	14	-62.
6. SEX	7. RACE				ER MARRIED					D. INSIDE C	ITY LIMITS?	9.2
Male	Co1o	red	WIDOWE		DIVORCED		Balt			,	ES I	NO 🗆
9. DATE OF BIRT		10. AGE (I	n yeors	If Under 1 Y	r. If Under 24 Hrs.	E. STREET					F3-0F7	140
3-3-6	9	lost birthdo	(Y)	2 Doy	s Hours Min.		623	n.	1 04-			
11. BIRTHPLACE (S	tote or foreig	n country)	1:	2. CITIZEN	N OF	633 Pitcher St						
Md.				WHAT	OUNTRY?	nomald Hunter						
14A.USUAL OCCU	PATION (Give	kind of work	14B. KIND						0 02			
done during most of v	orking life, eve	en ifretired)				Ras	nhar	a Do	morra			
16. WAS DECEAS	ED EVER IN	U.S. ARMEI	D FORCES?	17. SC	DCIAL	18. INFOR		a 170;	meys		DDRESS	
(Yes, no or unknown)	(If yes, give w	or or dotes	of service)	SE	CURITY NO.			Usante	0.10		DORESS	
19.				110	CAUSE OF DEA		iLu	Hunt	et.	same	I AF	PROXIMATE INTERVAL
1486	4 XI				CAUSE OF DEA							EEN ONSET AND DEAT
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN	OR CONDITION OF CO	ONS, IF ANY JSE (A) STA ON LAST.	ONTRIBUTII		(B)	AS A CONSE	QUENCE	OF:				
DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A).									
A ZOA. DATE OF	OPERATION	1 208. COI	NDITION FO	OR WHICH	OPERATION W	AS PERFORM	VED				21. AUTO	PSY? (Yes or No)
-16											Ye	s
UNDERLYING UTING CA		TRIB-	22 he	2B. PLACE ome, form,	OF INJURY(e.g., foctory, street, office	in or obout 2 e bldg., etc.)	NJURY	ERE DID (If in Boltimo	re City, give ex	oct locotion)	
OF INJURY (APPROX.)	(Month) (D	oy) (Yeo	· ` ` ·	22E.INJU WHILE AT		WHILE VORK	2F. HO	W DID IN.	JURY OCCI	JR?		
	ify that I have ded fram: N		nquiry 🔲		ection Au	de Ho	omicide	MEDICAL E		death in my		DATE SIGNED
EXAMIN NAME (1	ype) R	ona 1d	N. Kor	nb1um	, M.D.				XAMINER		5/12/	
24A. BURIAL CREA REMOVAL (Special Buria	y)	4B. DATE	69	1.5	Te of CEMETERY				Balto		rn, or county) (Stote)
25A. DATE REC'D				ME OF RE						iley	-	
- MAI	24 17	7.3		6				K.H				Street
VS 151-REV. 1/1/68		- 63	Wilde	d total to								



- 45 L	BIRTH NO.	68	9
tal and f deatl ecease on the	1. NAME OF DEC	Clare	
ed in a hospital sting cause of d ad cause; (5) Dece r attendance on prior to death.	FULL NAME OF HOSPITAL OR INSTITUTION	OF NOT IN HOSPI ADDRESS OR LOC Provident 1514 Divi Baltimore	TAL ATI
nt if death occurred direct or contributions; (4) Undetermined of the was in regular on the deceased pri	done during most of v	Negro PATION (Give kind of working life, even if refired) ME Liam Colli:	
69762	16 Was Danner	E I. (1 . C. A E.	

	69	4933 BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.			ATE OF DEATH	REG. NO.	69 4922
I. NAME OF DE	CEASED		2. DATE	AND HOUR OF DEATH	1000
(Type or Print)	Clarer	nce Collins	5	-11-69	10:05 a. N
3. PLACE IN BA		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
FULL NAME OF	F (IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland B. Co	אווו	14-02
INSTITUTION"	Provident	Hospital, Inc.	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
39		sion Street	Baltimore		YES NO
		Maryland 21217	507 McMeche		
5. SEX	6. RACE	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
Male	Negro	WIDOWED DIVORCED	3-18-04	65	
done during most of	CUPATION (Give kind of work) f working life, even if refired)	OR KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
			Md.	CO	January A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN N		10.94
Wil	lliam Collin	S	Agnes		
15. Was Deceased	d Ever in U. S. Armed Force	es? 16. SOCIAL	17. INFORMANT Luth	Lee 2803	Edgecompressir. Nt
no	mai yes, give wor or doles	218077089		hen- Friend	1506 Madison Av
18.43	6,91	CAUSE OF DEA	īĤ		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIR	CTLY			BETWEEN ONSET AND DEATH
IThis Jane	LEADING TO DEATH	(A)IMMEDIATE CA	USE Ce me lemena	seular	
heort failure,	naf meen the mode of asthenio, etc. It meens t	the disease. DUE TO, OR AS	USE Completion as a CONSEQUENCE OF:	Pragadow	L
injury at cor	mplication which caused	death.)		a see our	' 1
	ANTECEDENT CAUSES	(2)			
DISEASES	OR CONDITIONS, if a	ny, giving DUE TO, OR A	S A CONSEQUENCE OF:		
UNDERLYIN	ne obave cause (A) : G CONDITION last.	sfofing the (C)			
	11	(***************************************		***************************************
E TO THE DEA	FICANT CONDITIONS CON TH BUT NOT RELATED TO THE	E TERMINAL			
DISEASE OR C	CONDITION GIVEN IN PART	1 (A). ITION FOR WHICH OPERATION	120 A ALLEGRAVA (V.	V-V 200 15 222	
19A. DATE OF	WAS PERFO	DRMED WHICH OPERATION	No	IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	218 PLACE OF INJURY (e.g., home, farm, foctory, street, c		(If In Boltimo	ore City, give exact location)
DEATH (notify	y medical exomined	etc.)	office bldg. INJURY OCCUR?		
Q 21D. TIME	(Month) (Doy) (Year)	(Hour 21& INJURY OCCURRED	21F. HOW DID IN	LIURY OCCUR	
(APPROX)		While At Not Whi Work At Work	le 🖂	TOOK! OCCOR!	
22. I certify	that (1) (this hospital)	attended the deceased from Ma	27. 10	10 60 4- M-	y 11, 19 69
) last saw the deceased		(0		
		d abave. (1) (We) (did) (did not)			inian death accurred on the date
23A. SIGNATU	URE	a dad too (i) (iie) (did) (did not)	view the body diter deoth	•	23B, DATE SIGNED
Vin	2 - 2 41	P. Sting Att	ending Med.	Staff F57	
	ama y.	Lewsto, M-PDEGREE Phy	23D. ADDRESS	Staff Phys.	5-12-69
23C. PHYSICIA NAME (1		The state of the s	1514 Division	n Street	Balto., Maryland
24A. BURIAL CRE	MATION 1248 DATE	AUSTO, M.D. DEGREE			
REMOVAL (24C. NAME of CEMETERY of CR			ily, town, or county) (Stole)
Burial	5-16-60	New Catheral	Cam	Bolto Mid	3

25A. DATE REC'D BY HEALTH DEPT.

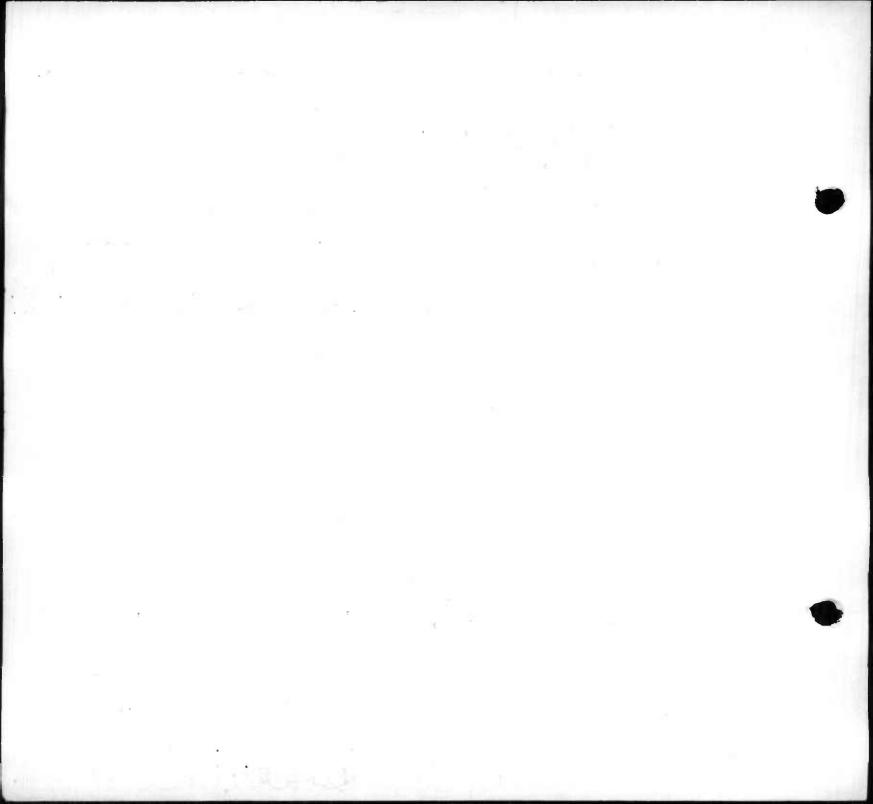
258, NAME OF REGISTRAR

25C, FUNERAL DIRECTOR

Bailey ADDRESS Calhoun

St.

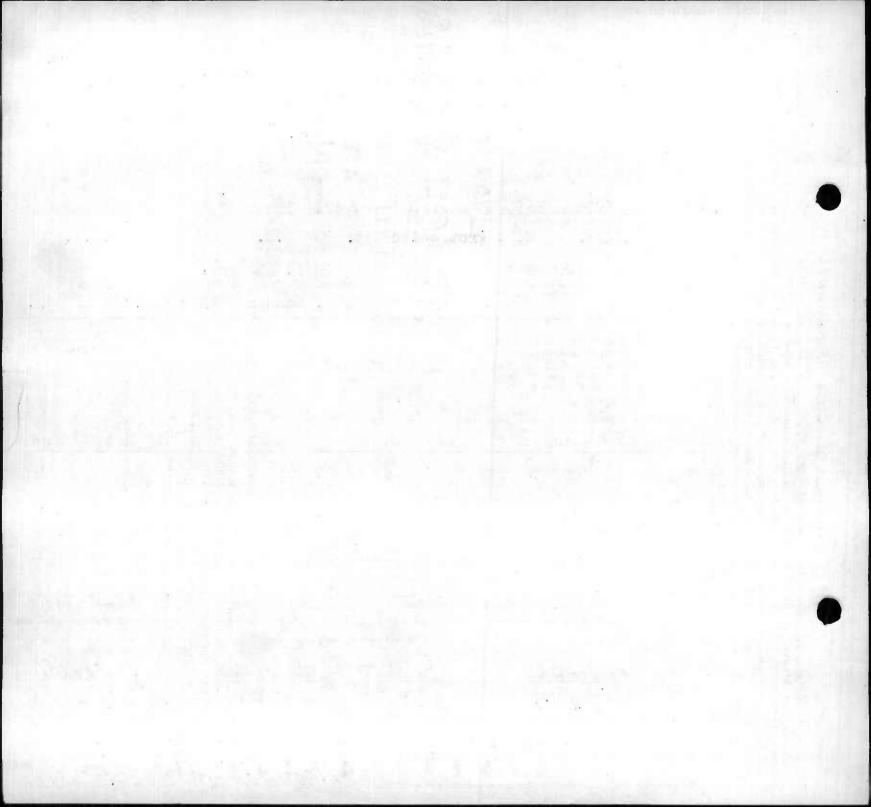
VS 150-REV. 1/1/68



IMPORTANT FUNERAL DIRECTOR:

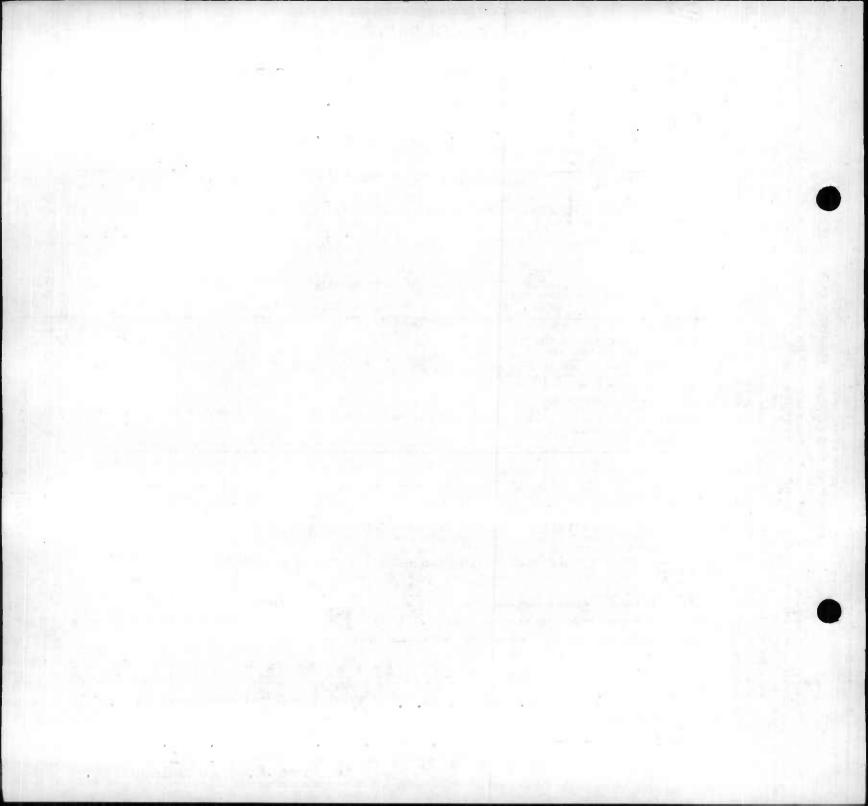
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

69 4	934 BALTIMORE CI	TY HEALTH DEPARTMENT	e pt	69 4934
		ATE OF DEATH	REG. NO	1009
BIRTH NO. 1, NAME OF DECEASED (Type or Print)	HOWELL	2. DATE AND	HOUR OF DEATH	163Ba. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	9-08 IDE CITY LIMITS?
- K. v. tto Convales	cent Home	Balt		YES MO
10 10 10		E. STREET AND NUMBER	mewood	Ave
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years st birtheby)/	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
/// // //	OWED DIVORCED	17 Dec 07	64	
10A. USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY!
Special Police N.	V. Protective	Agt. N.C.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Allen Howard		Lizzie Cle	mons	9 09
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0104 3	ADDRESS
no		Robt. Bonner	2401	Druid Hill Ave.
18,127,0412501	CAUSE OF DEA	ATH		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		134F		I WH
(This does not mean the mode of dying,		AUSE المرا AUSE المرا AUSE المرا المرا الم		
heort foilure, osthenio, etc. It meons the di injury or complication which coused death.	seose,			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony,	giving (B)	A5 A CONSEQUENCE OF:		
rise to the obove couse (A) stoling	lhe .			
ti	(c)	1		
OTHER SIGNIFICANT CONDITIONS CONTRIBU TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		petes/Cataracts		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORMEN		NO	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimor	re Cily, give exoct location)
21 D. TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Work At Wo			
22. I certify that (I) (this hospital) atter		2 May 19	69 10 /	3 May 19/29
that (I) (we) lost sow the deceased ally				inion death accurred on the date
ond hour and from the couses stated obe			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mon down good on the don
23A. SIGNATURE	ve. (i) (we) (did) (did not)	view the body offer deom.		23B, DATE SIGNED
Llulla	/// 0	hys. Med. S	taff hys.	13 May 69
23C. PHYSICIAN'S	DEGREE	hys. Director P	nys. 👊	- I may of
NAME (Type)	ND.	2214 EF	ayette.	17 21231
	24C, NAME of CEMETERY OF		CATION (C	ity, town, or county) (State)
Burial 5-18-69	Lilly Valle	y Cem.	erett No	rth, Carolina
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C FUNERAL DIRECTOR		Sy249 ADDRESS
The second second	Celotus Cariticis !	KKISON TU	NERAL	Cal HONNES
VS 150-REV. 1/1/6B		1	/	7,7



	E CITY HEALTH DEPARTMENT	69 4	935
BIRTH NO. 69 4935 CERTIF	ICATE OF DEATH	REG. NO.	.000
Certrude Robinson	2. DATE AND 509-6	HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNT	deceased lived. If institution: residence b	pefore admiss
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION) 3719 Reisterstown Ld.	c. CITY OR TOWN Balto.	D. INSIDE CITY LIMITS? YES \(\sum \)	<i>~</i>
o yyyy negodol soonii saa	E. STREET AND NUMBER		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCE	D B. DATE OF BIRTH	AGE (In years If Under 1 Yr., I	If Under 24 lours Min
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INE		U.S.A.	
13. FATHER'S NAME Payton	14. MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (If yes, give war or dotes of service) SECURITY NO.	17. INFORMANT Howard Robins	Address on same	S
ANTECEDENT CAUSES	OR AS A CONSEQUENCE OF:	eup =	gt.
UNDERLYING CONDITION lost. (C)			
UNDERLYING CONDITION Iost. (C)		208. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?	ERED
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) (C)		20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct loc	
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURR OF INJURY While At N	Y (e.g., in or obout 21C. WHERE DID reet, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact loc	
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURR OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an Application of the condition of the conditi	Y (e.g., in or obout 21 C. WHERE DID reet, office bidg., INJURY OCCUR?	(If in Boltimore City, give exact loc	cotion)
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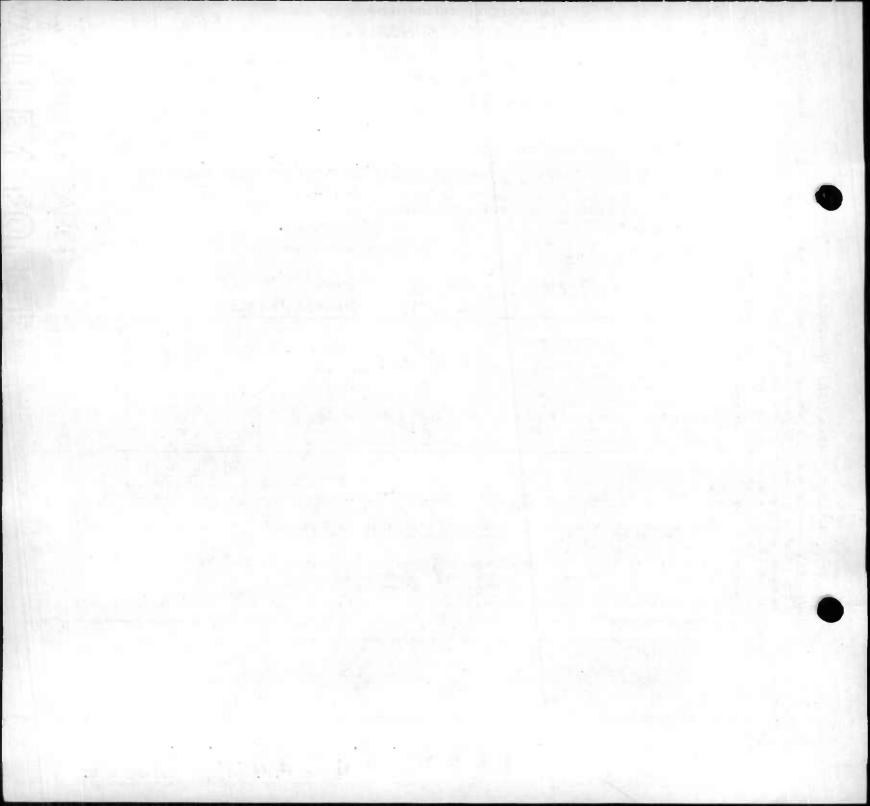
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		69	4:	A / /-	TE OF DEATH	REG. NO	69	4936	
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	NAME OF	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Who		If institution: resid	dence before o	dmission)
HOSP	ITAL OR	ADDRESS OR LOCA	TION)	STITUTION, GIVE STREET	SCITY OR TOWN	D.	INSIDE CITY LIMI		
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5. SEX	ale	Megroid	7- MARRI WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months D	Yr. If Unde	r 24 Hrs. Min.
done d	Janito	JPATION (Give kind of work working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	West Va.	ign country)	12. CITIZEN	U.S.A.	
13. FA	THER'S NA	n Martin			14. MOTHER'S MAIDEN NA	ME			
15. Wa	s Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	Alverta 17. INFORMANT	Hart	A	DDRESS	
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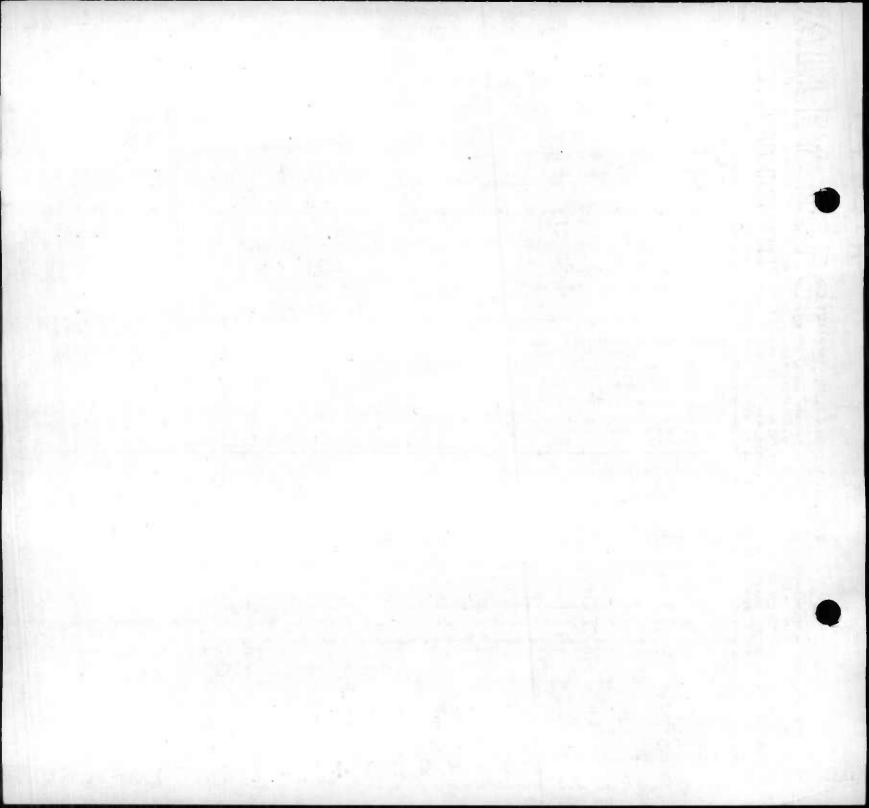
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Liblie Mae Henderson 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Mid . (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS' NO Balto. YES X E. STREET AND NUMBER 3000 Reisterstown Rd. 3000 Reisterstown 5, SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. 6. RACE 7. MARRIED NEVER MARRIED Hours lost birthdoy 65 WIDOWED DIVORCED egroid 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Henderson Lillie Mae 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT **ADDRESS** 6. SOCIAL SECURITY NO. Louise Jacobs Apt. same APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on. ond that in (my) (our) opinion death accurred on the date ospital death) must b and haur and from the couses stated obove. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending V Med. Shaff Phys. Director L Phys. approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type deceased written ap 24A. BURIAL CREMATION, 248. DAT REMOVAL (Specify) ADDRESS 25A. DATE REC'D BY HEALTH DEPT. FUNERAL DIRECTOR

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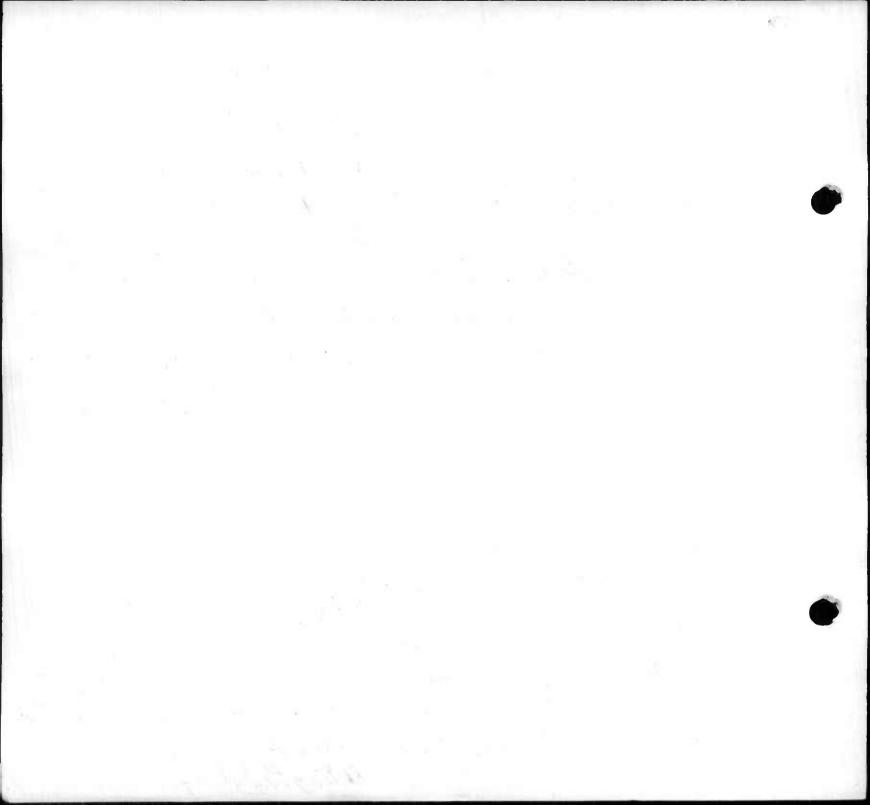


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INSTITUTION		C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
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James Laggary	w,	Jacan	otale Ruc	2
	6. SOCIAL	17. INFORMANT		ADDRESS
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DEATH (notify medical examined etc.) 21D-TIME (Month) (Doy) (Year) (Hour) 21E IN White	NJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
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that 🅼 (we) last saw the deceased alive on	2/6	19 <u> </u>	that In ((our) opinion de	oth occurred on the dote
and hour and from the couses stated above.	We) (did) (did mat) vi	ew the body after death	•	
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Alexand to Stroke	Atten	ding Med.	Staff Phys.	11/1/9
23C. PHYSICIAN'S	DEGREE Phys.	Director L	rnys, L	1610)
23C. PHYSICIAN'S NAME (Type)	10000	Carlli	11-00-	Th. 0 -
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24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY OF CREA	MATORY 24D.	LOCATION (City, town,	or county) (State)
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

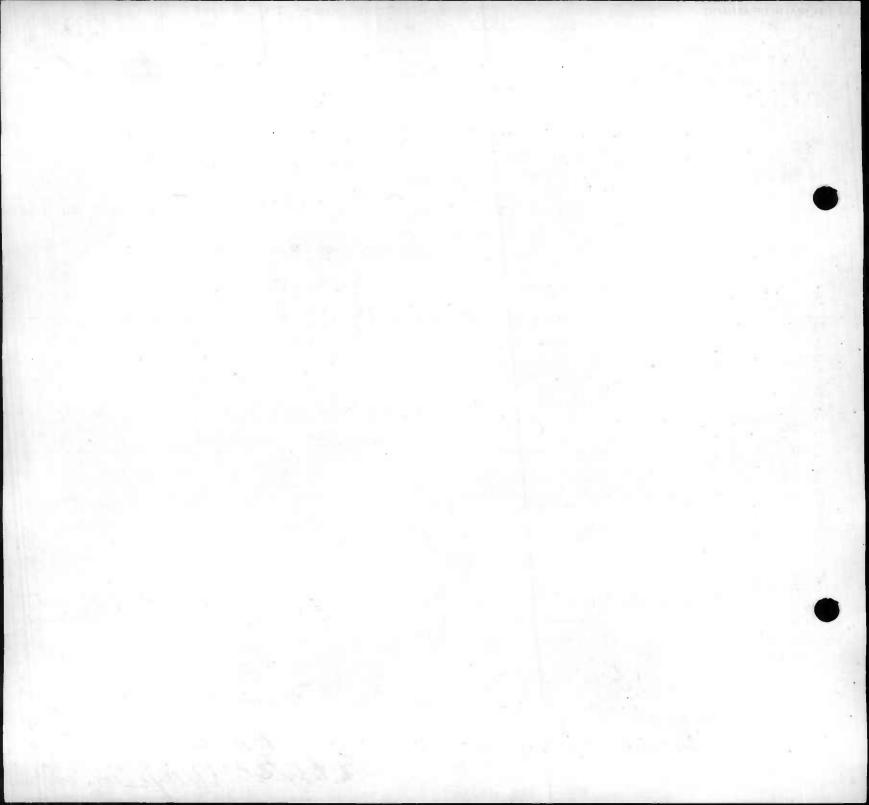
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	69	4939
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ع د	BIRTH NO.	ALE OF DEATH	1000
uch	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	2,
S .	(Type or Print) THOMAS CURI	1 5/10/69) 3'A M.
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROJOUNCED DEAD	4. USUAL RESIDENCE (Whofe deceased lived. If institution A. STATE	on: residence before odmission)
ior to deat		A. STATE B. COUNTY	14 11
9	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CI	TV 11Mits2
5	BOLTON HILL NURSINGTON	no BALTO. YES	-/ -
ior		E. STREET AND NUMBER.	
-	1400 JOHN ST.	1534 ASGULF A	VF
0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF, BIRTH / 9. AGE (In years If U	Inder 1 Yr., If Under 24 Hrs.
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the dec	13 PAYUERIC MAAAF		
the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
UE	264-69-0	2413	
dan or fi	18. CAUSE OF DE	ATH	APPROXIMATE INTERVAL
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and	22. I certify that (I) (this hospital) attended the deceased/from	9/9 1969 10 5	1/3 1969.
	that (I) (we) last saw the deceased alive on 3/10	19 1 and that in (my) (our) opinion	death occurred on the date
<u> </u>	ond hour and from the causes stated above. (1) (We) (did) (did not		
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00	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	ml
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i.e	25A. DATE REC'D BY HEALTH WEPT. 258. NAME OF REGISTRAR	FUNERAL DIRECTOR	ADDRESS
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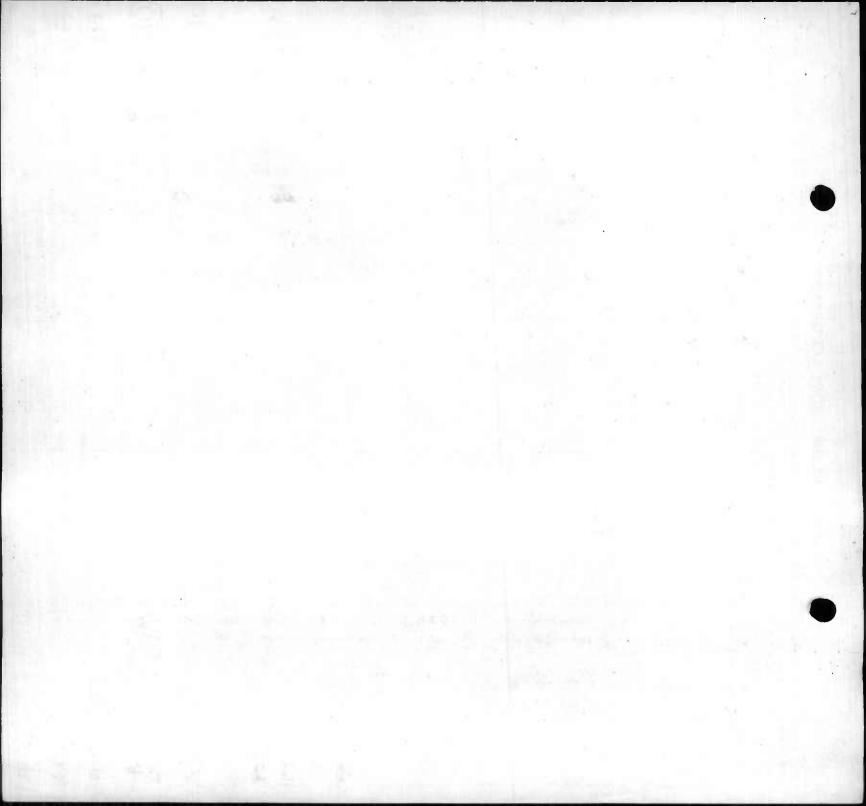
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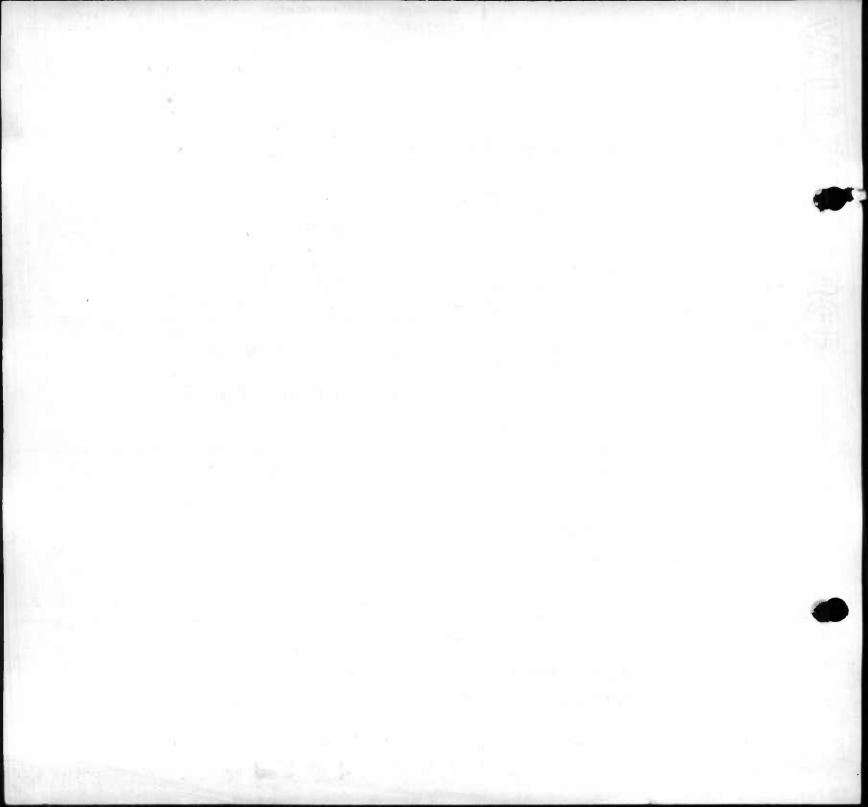
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wos D.O.A. at a hospitol (except where the physicion who pronounced death was in regulor ottendance on the deceased prior to death); ond (6) No physician was in regulor ottendonce on the deceased prior to deoth. Such written opproval must be obtoined before the remains are embalmed or finol disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An occident of ony noture; (2) Body burns; (3) A frocture of ony kind; (4) Undetermined cause; (5) Deceosed This certificate must be approved by the chief medical examiner or his ossistant if death occurred in a hospital and

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3. PLACE IN BALTIM	ORE, MARYLAND, WHERE P	RONO UN CED DEAD	4. US A. ST		ere deceased lived. If i	institution: res	sidence before odmission
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Retired	ang me, even n renred)		tre	levick M	aruland		U.S. A.
13. FATHER'S NAME		d military	14. M	OTHER'S MAIDEN NA	ME		
* C	hard laulor			Loura	Brown		
15. Was Deceased Eve	er in U. S. Armed Forces?	vice) 16. SOCIAL SECURITY NO		ORMANT			ADDRESS
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hearl failure, asl	mean the made al dying, henia, elc. It means the dis calian which caused death.)	e.g., DUE TO	, OR AS A CON	SEQUENCE OF:	na n a a a a a a a a a a n n n n n n n		
	RECEDENT CAUSES						
DISEASES OR	CONDITIONS, il any,	(B) DUE TO	OR AS A CON	ISEQUENCE OF:	************		
rise to the	above cause (A) slaling	The					
UNDERETTING C		(c)					
TO THE DEATH B	NI CONDITIONS CONTRIBU UT NOT RELATED TO THE TERM						
19A. DATE OF OP	ERATION 198 CONDITION	FOR WHICH OPERATIO	N 20	A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS	CONSIDERED
19A. DATE OF OP	WAS PERFORME				IN CERTIFYING C.	AUSES OF D	EATH?
21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me		21B. PLACE OF INJUR home, form, foctory, setc.)	RY (e.g., in or obstreet, office blo	21C. WHERE DID g., INJURY OCCUR?	(If In Baltime	ore City, give	exoct location)
21D. TIME (N	Nonth) (Day) (Year) (Hour	21E, INJURY OCCUR	RED	21F. HOW DID IN.	JURY OCCUR?		
S (APPROX.)		While At Work	Not While				
22 Leastify the	ot (V) (this hospital) atter			BM C 1127	19 69 to TT/	30 Am 5	113 19 69
that (M (wa) los	st saw the deceased aliv	on 11, 30 AM	· 15	10 £9 and th	at in (my) (Se) or	inian dant	b accurred on the da
						Jillian deon	in occurred an the go
23A. SIGNATURE	am the causes stated abo	chid	emot) view ti	e body after death.		23 B, DATE	SIGNED
R.So.	- Bakadon	· ml.	Attending Phys.	Med. Director	Staff Phys.		
23C. PHYSICIAN'S NAME (Type)	Re74 BAHAD	ARI M.D.	23 D. A	theren he	coital.	1 Me	rylend
24A. BURIAL CREMA	TION, 24B. DATE	24C. NAME OF GEMETER	DEGREE		LOCATION	City, town, or	county) (State)
REMOVAL (Spec	5-16-69	Baltimore	NA+	L Cem. R	altimore	Tarrell	Maryland
25A. DATE REC'D BY	HEALTH DEPT. 258, N	AME OF REGISTRAR		C. FUNERAL DIRECTO		,	ADDRESS
- MA	X 14 1969	0 4 0	L BLU	10RADNJ D	ett +. +/.	1701/	AURENS ST
VS 150-REV. 1/1/68	NW HWW			,			



Type or Prin	DECEASED		-10		AND HOUR OF DEAT	H
	RUT	HA. SI	AITH		12, 1969	N
3. PLACE O	F DEATH IN BALTIMORE, MA	ARYLAND		A. STATE B. COL	here deceosed fived. If JNTY	institution: residence before admission
FULL NA			give street	MARYLAND		27-10
INSTITUTI) (1)			outside city timits, writ	RURAL and give township)
2/1/				BALTIMORE D. STREET ADDRESS	tf rurol, give location)	
77	UNION ME	MORIAL	HOSPITAL	704 Willow	Avenue	
5. SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs.
Female		Ma:	rried	12-9-21	47	
	OCCUPATION (Give kind of wor ost of working life, even if retired)		BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	sewife		ome	Baltimore C	o., Md	U.S.A.
3. FATHERS	NAME			14. MOTHER'S MAIDEN N	AME	
	James Hint	on		Alvert	a Hinton	
5. Wos Dec	eased Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
NO.	nown/tir yes, give war or date	es of service)	SECURITY NO. 217-18-993	1 Mrs. Ruby	Saunders	704 Willow Ave
18. 1/	//0.71	_		OF DEATH		INTERVAL BETWEEN
6	ISEASE OR CONDITION DI	RECTLY			Λ	ONSET AND DEATH
	LEADING TO DEATH		(A) C	ougestern tal	lun	
	oes nat mean the made af ilure, asthenia, etc. It means		DUE TO		*************************	
	r complication which caused			1.1	11 7	
	ANTECEDENT CAUSES	S	(8)	nyouru	John	
DISEAS	ES OR CONDITIONS, if	any, giving	001 10	nyocadid	V	
	the abave cause (A) LYING CONDITION last.	stating the	(C)			
	11					
	SIGNIFICANT CONDITIONS					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DISEAS	E OR CONDITION CAUSING	ATED TO TH	E			
19A. DA	TE OF OPERATION 198. CON	NDITION FOR A	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
LU .	CIDENT WAS INDEDICATED	7 710	PLACE OF INTERNAL	1 1010 1111	// 1 6 A	
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF			, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
OR CON DEATH	TRIBUTING CAUSE OF (notify medical examiner)	etc.				
21A. AC OR CON DEATH OF INJU	TRIBUTING CAUSE OF (notify medical examiner) (E (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II		
21A. ACOR CON DEATH	TRIBUTING CAUSE OF (notify medical examiner) (E (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	ore City, give exact location)
21A. ACOR CON DEATH 21D. TIMO OF INJU (APPRO)	TRIBUTING CAUSE OF (notify medical examiner) (E (Month) (Day) (Year)	(Hour) 21 E. Whi	INJURY OCCURRED Ite At Not W At Wo he deceased from	21F. HOW DID II	NJURY OCCUR?	ore City, give exact location)
ZIA. ACOR CON DEATH ZID. TIM OF INJU (APPRO) 22. I ce	TRIBUTING CAUSE OF (notify medical examiner) (Month) (Doy) (Year) RY	(Hour) 21E. Whi Wo	INJURY OCCURRED Ite At At Wo	21F. HOW DID II	NJURY OCCUR?	ore City, give exact location)
ZIA. ACOR CON DEATH ZID. TIM OF INJU (APPRO) 22. I ce thot (I)	TRIBUTING CAUSE OF (notify medical examiner) (Month) (Day) (Year) (Month) (Day) (Year) (Year) (Ma) lost sow the decease	(Hour) 21£ Whi Wo	INJURY OCCURRED tite At Not We At Wo he deceased from 2-14	21F. HOW DID II	NJURY OCCUR? 	ore City, give exact location)
ZIA. ACOR CON DEATH ZID. TIM OF INJU (APPRO) 22. I ce thot (I)	TRIBUTING CAUSE OF (notify medical examiner) (Month) (Day) (Year) RY Trify that (1) (this hospito) (we) lost sow the decease or and from the causes sto	(Hour) 21£ Whi Wo	INJURY OCCURRED tite At Not We At Wo he deceased from 2-14	21F. HOW DID II	NJURY OCCUR? 	ore City, give exoct locotion)
ZIA. ACO OR CON DEATH ZID. TIME OF INJL (APPRO) 22. I ce thot (I) ond hou	TRIBUTING CAUSE OF (notify medical examiner) (Month) (Day) (Year) RY Trify that (1) (this hospito) (we) lost sow the decease or and from the causes sto	(Hour) 21£ Whi Wo	INJURY OCCURRED Ite At Not We At Wo he deceased from 2-14	21F. HOW DID II	NJURY OCCUR? 19 6 9 to that in (my) (our) o	ore City, give exact location) 2 14 19 6 9 pinion death occurred on the do
21A. ACOOR CON DEATH 21D. TIM (APPRO) 22. I ce thot (I) ond hot 23A. SIG	TRIBUTING CAUSE OF (notify medical examiner) (motify medical examiner) (motify medical examiner) (the control of the causes stomature (ma) lost sow the decease of the causes stomature (ma) lost sow the causes stomature	(Hour) 21£ Whi Wo	INJURY OCCURRED Ite At Not We At Wo he deceased from 2-14	21F. HOW DID II	19 6 9 to	pinion death occurred on the do 238. DATE SIGNED 5-13-69
21A. ACOOR CON DEATH 21D. TIM (APPRO) 22. I ce thot (I) ond hot 23A. SIG	TRIBUTING CAUSE OF Condity medical examiner) (IE (Month) (Doy) (Year) (IF (Month) (Doy) (Year)	(Hour) 21£ Whi Wo	INJURY OCCURRED Ite At Not We At Wo he deceased from 2-14	21F. HOW DID II thile 2 -/ 19 9 9 ond view the bady after deoth thending Med. Director	NJURY OCCUR? 19 6 9 to that in (my) (our) o	pinion death occurred on the do
21A. ACO OR CON DEATH 21D. TIM (APPRO) 22. I ce that (I) and hou 23A. SIG	TRIBUTING CAUSE OF Condity medical examiner) LE (Month) (Doy) (Year) RY (Month) (Month) (Doy) (Year) RY (Month)	(Hour) 21E. Whi Wo oll) ottended the dolive on otted obove. (I	INJURY OCCURRED Ite At Not We At Wo he deceased from 2-14) (We) (Jid) (did not) M.D. A	21F. HOW DID II 12 -/ 19 6 9 ond view the bady after deoth thending Med. Director 23D. ADDRESS 1 7 0 6	1969 to that in (my) (out) on that in (my) (out) on the Phys.	pinion death occurred on the dot 238. DATE SIGNED 5-13-69 AV
21A. ACOR CON DEATH OR CON DEATH OR CON DEATH OR CON DEATH OF INJU (APPRO) 22. I ce thot (I) ond hot 23A. SIG 23C. PHY NA 24A. BURIAL REMON	TRIBUTING CAUSE OF Condity medical examiner) (IE (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Month) (Month) (Month) Month) (IF (Month) (Month) (Month) (Month) (Month) (IF (Month) (Month) (Month) (Mo	(Hour) 21E. Whi Wo off) ottended the dolive on otted obove. (I	INJURY OCCURRED ite At Not We he deceased from 2-14) (We) (Jid) (did not) M.D. A AME of CEMETERY or C	21F. HOW DID II hile	NJURY OCCUR? 19 6 9 to that in (my) (out) o Staff Phys. BELLON A LOCATION	pinion death occurred on the dot 238. DATE SIGNED 5-13-69 AV City, town, or county) (State)
21A. ACOR CON DEATH OR CON DEATH OR CON DEATH OR CON DEATH OF INJU (APPRO) 22. I ce thot (I) ond hot 23A. SIG 23C. PHY NA 24A. BURIAL REMON BURIAL	TRIBUTING CAUSE OF Condity medical examiner) LE (Month) (Doy) (Year) Prify that (I) (this hospital) Prify that (I) (this hospital) Conditions the causes stated that the causes stated the causes stated the causes stated the causes stated that the causes stated the causes stated the causes stated the causes stated the causes stated the causes stated the causes st	(Hour) 21E, Wh. Wo oll) ottended the dolive on	INJURY OCCURRED All Work 21F. HOW DID II hile	Stoff Phys. BELLON Baltimore	2.14 19.69 pinion death occurred on the de 238. DATE SIGNED 5-13-69 AV City, town, or county) (Stote) , Maryland	
21A. ACOR CON DEATH OR CON DEATH OR CON DEATH OR CON DEATH OF INJU (APPRO) 22. I ce thot (I) ond hot 23A. SIG 23C. PHY NA 24A. BURIAL REMON BURIAL	TRIBUTING CAUSE OF Condity medical examiner) (IE (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Doy) (Year) (IF (Month) (Month) (Month) (Month) Month) (IF (Month) (Month) (Month) (Month) (Month) (IF (Month) (Month) (Month) (Mo	(Hour) 21E. Whi Wo off) ottended the dolive on otted obove. (I	INJURY OCCURRED All Work 21F. HOW DID II hile	Stoff Phys. BELLON Baltimore	2:14 19 69 pinion death occurred on the deat	



BIRTH NO.

1. NAME OF DECEASED (JUNIOUS)
(Type or Print) Julius Parrott

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

Bon Secours Hospital

69 4942 BALTIMORE CITY HEA

MEDICAL EXAMINER'S C

LTH DEPARTMENT			
ERTIFICATE OF DEATI	H REG. NO	69	4942
2. DATE Known X Month OF DEATH Estimoted 5		1969	4:35 AM
3. DATE PRONOUNCED DEAD Month 5	Doy 4	1969	
5. USUAL RESIDENCE (Where deceosed live A. STATE Maryland	ed. If institution: B. COUNTY	20	efore odmission) - 02
C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?	
Baltimore	YE	s E	10 🗆
e. Street and Number 2703 W. Fairmour	t Ave.	and a	
13. FATHER'S NAME		mer S	
Eddie Parrott			
15. MOTHER'S MAIDEN NAME			
Sarah Wells			
1B. INFORMANT	AD	DRESS	
Eddie Parrott	S	ame	
н			ROXIMATE INTERVAL
1 - Hemorrhagic Necrosi	s-of-		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	utopsy		

ale Colored ATE OF BIRTH 7-23-48 BIRTHPLACE (Stole or foreign colored) Sumter, S. C.	20 "	BD DIVORCED DI	Baltimore E. STREET AND NUMBER 2703 W. Fairme	VES ► NO □ ount Ave.
7-23-48 los	20°	Months, Doys, Hours, Min.		
•	ountry)	O CITIZENI OF		
, , , , , , , , , , , , , , , , , , , ,		WHAT COUNTRY?	Eddie Parrot	t
USUAL OCCUPATION (Give kin during most of working life, even if tudent	retired)	of Business or Industry	Sarah Vells	
WAS DECEASED EVER IN U.S.	ARMED FORCES	? 17. SOCIAL	1B. INFORMANT	ADDRESS
NO	or dotes of service)	SECURITY NO.	Eddie Parrott	Same
(This does not mean the mon heart failure, asthenia, etc. It n	ATH de of dying, e.g., neons the disease,	Bilater	al Hemorrhagic Necro	
DISEASES OR CONDITION: RISE TO THE ABOVE CAUSE UNDERLYING CONDITION II OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT RE	S, IF ANY, GIVING (A) STATING THE LAST. TIONS CONTRIBUT ATED TO THE TERMI	(c)		
		FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No) yes
UNDERLYING OR CONTRIB		22B. PLACE OF INJURY(e.g., home, form, foctory, street, offic	in or obout 22C. WHERE DID (If in Bolt bldg., etc.)	timore City, give exoct locotion)
22D. TIME (Month) (Doy) OF INJURY (APPROX.)		WHILE AT NOT		CCUR?
		Accident Suicio	CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAMIN ASSOCIATE MEDICAL EXAMIN	DATE SIGNED 5/11/1969
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WAS DECEASED EVER IN U.S. no or unknown) (If yes, give wor or the property of	WAS DECEASED EVER IN U.S. ARMED FORCES no or unknown) (If yes, give wor or dotes of service) 9. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR INJURY (APPROX.) 23. I certify that I held on Inquiry (APPROX.)	WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give wor or dotes of service) 9. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 20B. CONDITION FOR WHICH OPERATION W 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office) DISEASE OR CONDITION (Year) (Hour) PROPROX.) 1 Certify that I held on Inquiry Inspection Accident Suicide ACTUAL ACTUAL	10 CAUSE OF DEATH

VS 151-REV. 1/1/6B

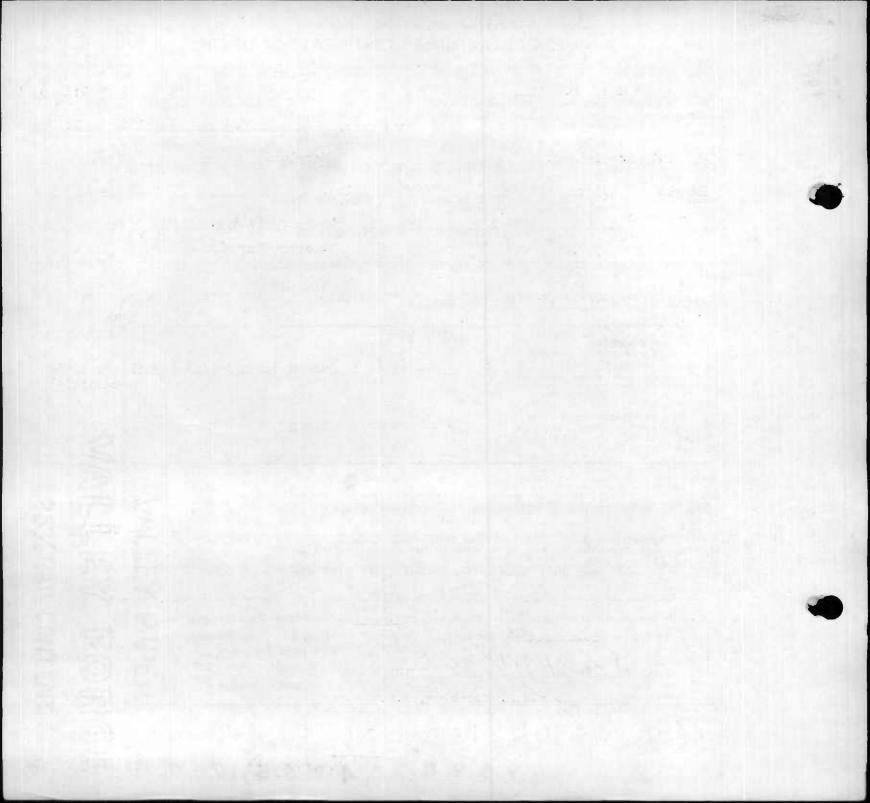
LAURENS

CERTIFICATE AMENDED

C-600

69 4943 BALTIMORE CITY HEALTH DEPARTMENT

	1.8	-7111=	ME			AMINER'S			DEAT	H REG. NO.	69	4943
_	CITITO. 80	I 10	0									
	NAME OF DEC pe or Print)			CARR			2. DATE OF	Known XX	Month	Doy	Yeor	Hour
1	PLACE IN BALT	MARY	D.	CARR	PONO	IINICED DEAD	3. DATE	Estimoted L	5 Month	11	69 Yeor	2:10 рм.
FU	L NAME OF SPITAL INSTITUTION	(IF NO		TAL OR INS		N, GIVE STREET		INCED DEAD	May	Day	1969	2:10 рм.
OR	INSTITUTION						5. USUAL R	SIDENCE (Where		ed. If institution	n: residence l	before admission)
-	0 1049	Argv1	e Ave				A. SIAIE	Maryland		b. COUNTY	17-	63
6.	SEX	7. RACE	0.1170	8. MARI	RIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	<u> </u>
	Esmals	Col	hore	WIDON			Palte				ES 🖾	NO 🗆
9.	Female		ored			der 1 Yr. If Under 24 Hrs.	Balto E. STREET A				ES IAJ	NOL
	12-22-0	58	last birthd	lay)	1	s Doys Hours Min.		010				
11	BIRTHPLACE (S		n country)		12 (TIZEN OF	13. FATHER	.049 Argyl	e Ave.			
	Baltimo				1	HAT COUNTRY?	IS. PATTIER	Roger H	Harris			
	.USUAL OCCUI				OF B	USINESS OR INDUSTRY	15. MOTHE	S MAIDEN NA	WE			
dui	N/A	arking ine, ev	ennemed		N/A		I	arlene				
16.	WAS DECEASE	D EVER IN	U.S. ARME	D FORCE	S?	17. SOCIAL	18. INFORM	AANT		A	DDRESS	
(Te	s, na ar unknawn) N/A	(It yes, give w	or ar date	s of service	∍)	SECURITY NO.		al Carr			Same	
	19.	LX				CAUSE OF DEA					AF	PPROXIMATE INTERVAL
CERTIFICATION	heart foilure, injury or cam AN DISEASES C RISE TO THE UNDERLYIN OTHER SIGN	of meon the osthenia, etc. plication which which which was a constant of the c	It means the caused decaused d	ne disease, eath.) NY, GIVING ATING THE	ITING	(B)	AS A CONSEQ				Pneun	nonitis)
H	DISE ASE OR	CONDITION	GIVENIN	PART 1 (A)).							
SE	ZOA. DATE OF	OPERATION	20B. CC	NOIIION	FORV	VHICH OPERATION W	45 PERFORM	ED			21. AUTO	PSY? (Yes or Na)
	22A. FXTER!	IAL CALICE	1116		loop P						MH	ES
EDICAL	UNDERLYING UTING CAI	USE OF DEA	TRIB-			LACE OF INJURY(e.g., farm, factory, street, offic			(If in Baltimar	e City, give ex	oct locotian)	
Σ	22D. TIME (OF INJURY (APPROX.)	Manth) (D	ay) (Ye	or) (Hou	W		WHILE 2	2F. HOW DID IN	JURY OCCU	R?		
	23.	fy that I h	eld on	Inquiry [topsy XX	and that on the	nis bosis,	deoth In my	opinion	
	result	ed from: N	atural ca	uses X	Ac	cident Suicio	le Ho	micide .	Undetermin	ed monner		
				1	, ,	, ,		HIEF MEDICAL E	XAMINER			
	ACTUAL	1/	a l	171	1/	11	- ASSI	STANT MEDICAL E	XAMINER	E		DATE SIGNED
	SIGNATU	4	100	-11	per	M.D						
	NAME (T		Rot	nald N	v. K	ornblum, M.D		CIATE MEDICAL E	AAMINEK		5/1	2/69
	A. BURIAL CREA	AATION, 2	4B. DATE		240	NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(Cily, tow	n, or county	
RE	MOVAL (Specif	γ)	5-1	4-1-9		Waster	Ction	7 7 7	Cata	acuil1	0 35	
25	A. DATE REC'D	RV HEALTH	DEDT.	250 1	IAAF (TESTERN DE PEGISTRAD	2/41	UNERAL DIRECTO	09/01	12/11/1	C, Ma	ryland
25	A. DATE REC D	DI HEALIM L	1369	52R° L	NAME (OF REGISTRAR	25C.	UNERAL DIRECTO) //	- 1	IDDK E22	
				1 10	10%	9. BUEL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	onton VI	Ductt	I.H	1701	laurence

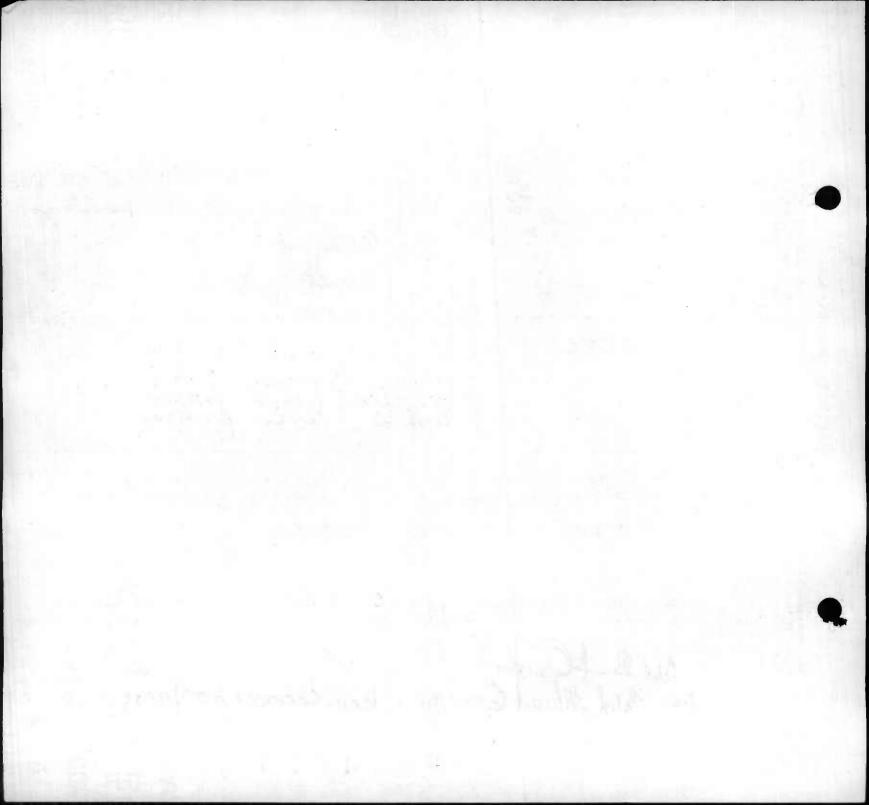


VS 150-REV. 1/1/68: ...

BALTIMORE CITY HEALTH DEPARTMENT

69	4944

0111	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECEASED	Cours Man:		ID HOUR OF DEATH	. 0 0
1	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ETHEL MARI	4. USUAL RESIDENCE (Whe	re deceased lived. Il instituti	ion: residence before odmission)
	JLL NAME OF (IF NOT IN HOSPITAL OR II		A. STATE B. COUN	BALTO.	70-01
Ho	OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	
2	400		BALTIMORE	YES	NO D
7	1 BON SECOURS HOS	PIML	1850 WES	ST FAYETE S	ST 21223
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
		WED DIVORCED	4.4.28	41	inns 50ys Hoors Ivins
	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTRY?
10	HOUSEWIFE	Hone	Balton MARY	und	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	WYATT	ADDRESS
(Ye	es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	4/1	7 . 11	- 5 1
_	NO.	CAUSE OF DEAT	Mr. Carland	DAVIS 18	50 W. Payette
	DISEASE OR CONDITION DIRECTLY		0.0	0 0 1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL		(a Cove	x. rot
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the distinuty or complication which coused death.)		A CONSEQUENCE OF:	al fishral	Yaana
	ANTECEDENT CAUSES	Mental	And historia	a Irradiat	lan lears.
	DISEASES OR CONDITIONS, if any, g	iving (B) OUE TO ORFAS	A CONSEQUENCE OF	Berchitz	
	rise Ia the above cause (A) stating UNDERLYING CONDITION last.		, cour	1	
	11	(9/			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDI	NGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
L CI	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID ifice bldg., INJURY OCCUR?	(If in Boltimore City	, give exact location)
ICA	DEATH (notify medical examiner)	etc.)			
MEDI	OF INJURY (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)	Work At Work	21/269	- 1	2 69
	22. I certify that (1) (this haspital) attended that (1) (we) last saw the deceased alive	5 101 10	19	19ta	19
	and haur and fram the causes stated above			at In(my) (abi) apinian	death accurred an the date
	23A. SIGNATURE	7	Town the study offer decime	23 B.	DATE SIGNED
	HI I III III III III III	Phy	nding Med. Director	Shaff Phys.	5. 12.69
	Then In Suish				
	23C. PHYSICIAN'S NAME (TYPH)	DEGREE	23D. ADDRESS	w. Machill	- 1 Bellinan
	Drame (Type Ital Almael	Gweshi DEGREE	Bon-Secon	es Hospif.	al Balfimore.
24/	Drame (Type Ital Almael	Queshi	Bon-Secon	ocation (City, 10	al Balfimore.
	A. BURIAL CREMATION, 24B. DATE BEMOVAL (Specify) 5 - 16 -69	Gweshi DEGREE	Bon-Secon	altimore,	Balfimote. wn, or county) (State) Maryland ADDRESS



al and	death	ceased	on the	Such	
a hospit	cause of	se; (5) De	ndance	to death	
urred in	ibuting	ined cau	ular atte	ed prior	ade.
leath occ	or contr	Indeterm	is in reg	decease	ition is n
stant if d	ne direct	ind; (4) L	leath wa	e on the	al dispos
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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edical ex	dical ex	urns; (3)	ysician v	was in	emains a
e chief m	by a me	2) Body b	e the ph	physician	ore the re
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Thi	the	sho	N N	de	3

FUNERAL DIRECTOR: IMPORTANT

	0 10			BALTIMORE CITY	HEALTH DEPARTMENT		00 1015
	7-15	69	494	5 CERTIFICA	TE OF DEATH	REG. NO	69 4945
-	H NO.		/ J. C. J.	CERTIFICA			
	e or Print)		0	5	2. DATE	AND HOUR OF DEATH	19 . 7.25 0.
		HLICE	KAY	PAUAGE	I HEHAL DESIDENCE ()	1 1 4 1	stitution: residence before odmission)
3. 1	LACE IN BALT	IMORE, MARYLAND, W	HERE PEONOUI	NCED DEAD	A. STATE B. CO	UNTY	istitution: residence before dumission/
	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TON, GIVE STREET	MARYLAND		17-02
HC IN:	SPITAL OR	ADDRESS OR LOCA			C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	21	BALTIMORE C		PITALS	BALTIMORE		YES NO
		4940 EASTER	IN AVE.		E. STREET AND NUMBE	R	
		BALTIMORE,	MARYLANI	#21224	1021 TIFFAN	OURT 21201	
5. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	FEMALE	NEGRO	WIDOWED	DIVORCED	1-17-34	35	
			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
	HOUSEWI	working lile, even il retired)	HOME				
			HOPLE	,	NORTH CAROL		U.S.A.
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN	NAME	
		GEORGE W.	BEST		M	RGARET SUTT	ON
15.	Wos Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		ADDRESS
1		(If yes, give wor or date	s of servicer	SECURITY NO.	DOU DEGODDO	4940 EASTERN	
-	No.			CAUSE OF DEATI	BCH RECORDS:	BALTIMURE,	MARYLAND #21224
	18. 17	4 XI		CAUSE OF DEATH			BETWEEN ONSET AND DEATH
		E OR CONDITION DIF LEADING TO DEATH	RECTLY		D.	· Pland	BICAN DE ZULON
		ol mean the mode of	dving, e.g.,	(A) IMMEDIATE CAU	SE \ NEULANT	ma 4 1 leave	17 3 0003
	heart failure,	asthenia, etc. It meons	the disease,	DOE TO, OR AS	CONSEQUENCE OF.		
		plication which caused			111114	51 1410	1R 14 m/
		ANTECEDENT CAUSES		(B)	Metastatia A CONSEQUENCE OF:	datra duchal la	ad DREW I year
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		0
		CONDITION last.	sidility ine	(c)			
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NE N	TO THE DEAT	H BUT NOT RELATED TO THE	HE TERMINAL				
0		OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE	FINDINGS CONSIDERED
RTIF	0	WAS PER	FORMED		NO	IN CERTIFYING CA	COSES OF DEATH!
Ü	21 A. ACCIDEN	T WAS UNDERLYING	21 B. F	LACE OF INJURY (e.g., i	or obout 21 C. WHERE DI	D (If in Boltimo	re City, give exoct location)
AL		medical examiner	(home	, form, toctory, street, of	fice bldg., INJURY OCCUP	(/	
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
ME	OF INJURY	(IVIORIII) (DOY) (Teon		At Not Whit		INJURY OCCUR:	
-	(APPROX.)		Work	At Work			
	22. I certify	that 🍎 (this hospital) ottended the	e deceosed from 15	30 P.M. Hay 13	2 19 69 to 3:25	P.M Mey 12 19 69
	- 11	lost sow the decease		May 12.		that in (our) opi	inion death accurred on the dot
	and have an	I from the course stat	ad above (A	(Wa) (dish) (dish)	iew the body ofter deo		
	23A. SIGNATU	1 1	red obove.	(we) (did) (did lov) V	Tew file body offer deo	1110	23B. DATE SIGNED
	ZSAL SIGNALO	" Dol 5	Aoz St	Atte	nding Med.	3 Staff C	May 12, 1969
	-	11 m 2.1	- Lund	DEGREE Phy	. Director	Phys.	77/1/10
	23C. PHYSICIA	M.S.			23D. ADDRESS BALT	IMORE CITY HO	OSPITALS
	JO	HN E. YOUNT	DR	DECORE	4940 EASTERN	AVE. BALTIMO	
244	BURIAL CRE	MATION, 248. DATE	24C. NA	ME of CEMETERY or CRI	MATORY 241		ity, town, or county) (Stote)
	REMOVAL (S	ipecify)	10 11.	1- 11	16	Tuck	Nasth Carlin
254	BURIAL	BY HEALTH DEPT	67 W.	SON Chape	25C. FUNERAL DIREC	ur Ley,	ADDRESS
ZSF	. DATE REC'D	BY HEALTH DEPT.	CO A	9 30 30 0	A NE CONERAL DIREC	A att [11	1201 /2 100 5
	li	1 T = 1200	(1/2/1)	C. Tenocul	MINORIONS	14C11 4.11.	1 101 Madreas SI
1/5	150-REV. 1/1/6	6B	B. A				

Per - 1911-191- -- 19 Achielle Finch Milliglie Tige The same is a few warrant

3	hospital and we of death (5) Deceased dance on the death. Such
	death occurred in a t or contributing ca Undetermined cause; as in regular attence deceased prior to ssition is made.
OR: IMPORTANT	iner or his assistant if ter. Also, if the director acture of any kind; (4) pronounced death wilar attendance on the nbalmed or final disp.
FUNERAL DIRECTOR: IMPORTANT	o chief medical examin by a medical examin) Body burns; (3) A fra the physician who hysician was in regu
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate muthe body was releshows: (1) An accid was D.O.A. at a hydecased prior to written approval m

1. NAME OF DECEASED		TE OF DEATH	REG. NO	69 4946
(Type or Print)		2. DATE	AND HOUR OF DEAT	Н
Joseph Bri	ddell	5-	7-69	9:20 p. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland		17-02
NSTITUTION Provident Hos		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	_ ,	Baltimore		YES X NO
39 1514 Division Baltimore, Ma		E. STREET AND NUMBER 913 Pennsyl		
SEX 6. RACE 7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
Male Negro	WED DIVORCED	8-15-05	lost birthdoy)	Months Doys Hours Min.
dane during most of working life, even if relifed)		11. BIRTHPLACE (Stote or f	oreign country!	12. CITIZEN OF WHAT COUNTRY
Laborer	0.17	Baltimore,	Maryland	v.s.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
6 Wee Devel E. Li & F. Li	?			?
5. Was Deceased Ever in U. S. Armed Forces? res, no or unknown) (If yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	Isaac Briddel	l- Uncle	Philadelphia
)			nd 913 Pennsylvani
18. 4 2 / 41	CAUSE OF DEAT	H Mars	marr- Lirel	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, g rise to the above cause (A) staling UNDERLYING CONDITION last,	and .	A CONSEQUENCE OF:	***************************************	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TENL DISEASE OR CONDITION GIVEN IN PART 1 (AL	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED	ING NAL	20A-AUTOPSY? (Yes or No	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
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DIRECTOR:
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Such Deceased death ПО hospital death. of attendance (2) cause 0 (4) Undetermined cause; O prior contributing occurred disposition is made regular deceased 0 Mas the LO death kind; final attendance any pronounced 10 med to fracture embal ular examiner. who 6 re are 4 ල = physician remains the chief medical Was medical (2) Body burns; physician the the o where hospital ON (9) any nature; obtained must be approved (except and to the pe hospital death) the body was released must 10 approval O prior 40 A was D.O.A deceased 0.0 written

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT 4947 REG. NO. CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECTASEO (Type or Print) 2:00 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE naryla. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS YES X NO E. STREET AND NUMBER 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE NEVER MARRIED male WIDOWED 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 4. MOTHER'S MAIDEN NAM 13. FATHER'S NAME enriella ADDRESS 15. Was Deceased Eyer in U. S. Armed Forces 17. INFORM ANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) CAL DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E INJURY OCCURRED OF INJURY While At Not While I (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram that (We) last saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Staff Phys. Director L Phys. RICHARD F. TYSON, M. D. 23C. PHYSICIAN'S NAME (Type) RICHARD F. TYSON, M. D. 23D. ADDRESS 2320 EUTAW PLACE 2320 EUTAW PLACE PATE 124C NAME of CEMETERY OF CREMATORY BALTIMORE, MD. 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) ounty Md BHEALTH DES/ 15/25 PAME OMEGISTICAL VALV Complicity DIRECTOR ADDRESS Adolphus Halstead orth A

8518-50-62

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CONTRACTOR STATE

Adolpha Halates 1206 W Schill

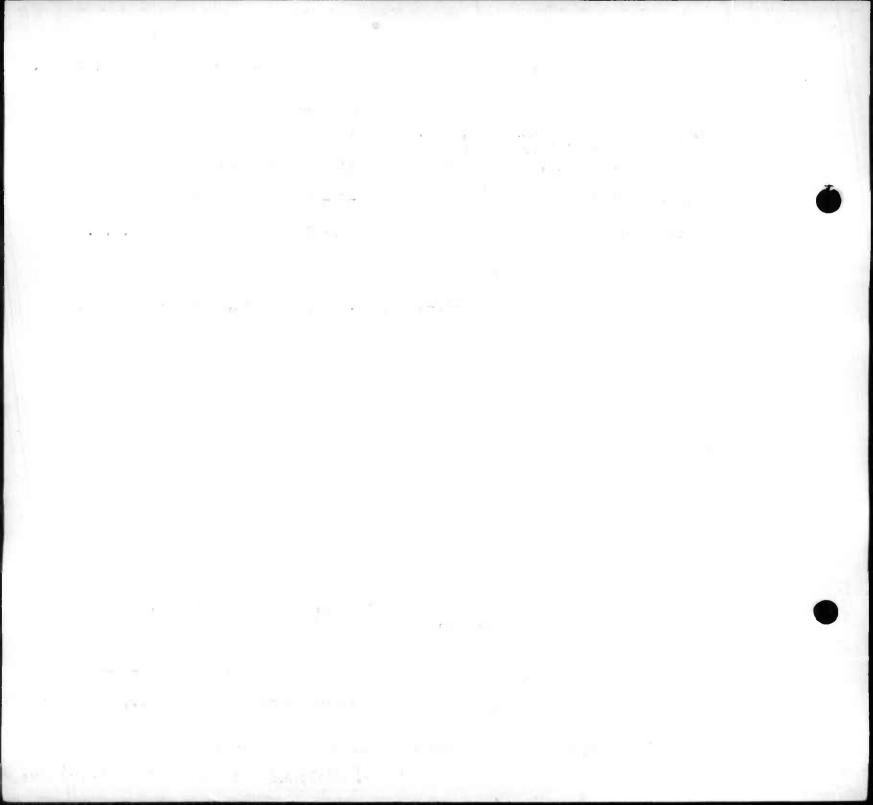
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (7)

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	69	4948
	-	76.0

BIRTH NO.		4948	CERTIFICA	TE OF D	EATH	REG. NO	_69_	4948
1. NAME OF DECE		Evans				HOUR OF DEAT	н	7:40 p
3. PLACE IN BALT	IMORE MARYLAND, W		ED DEAD	I d tiettal neet		, ,		
	INIORE MARILAND, W	HERE PRONOUNC	ED DEAD			deceosed lived, II Y	institution: reside	ence belore admis
FULL NAME OF HOSPITAL OR	UF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTIO	N, GIVE STREET	Maryla				-02
INSTITUTION	Provident			C. CITY OR TOY Baltin		D. IN	YES T	
39	1514 Divi			E. STREET AND	NUMBER		AE2	ио 📗
	Baltimore			911 Pa	arrish	Street		
5. SEX	6. RACE	7. MARRIED X	NEVER MARRIED	8. DATE OF BIR	TH 9	AGE (In years ost birthdoy) 84	If Under 1 1 Months: Doy	rs Hours! M
Female	Negro	WIDOWED	DIVORCED _	12-23-8			l louising boy	The state of the s
done during most of w	PATION (Give kind of work porking life, even if retired)	10B KIND OF BUS	INESS OR INDUSTRY			n country)		OF WHAT COU
	Age			Virgin	nia		U.5	•A•
13. FATHER'S NAM	NE .	•		14. MOTHER'S	MAIDEN NAM	E		
		2						2
15. Was Deceased	Ever in U. S. Armed For	ces? 16.	SOCIAL	17. INFORMANT	ī		AD	DRESS
	" lest Size Mot of Gole	21	SECURITY NO. 10-0794	BMr. Art	thur Eva	ans/ Husb	and	Same
No. 18.	A 41		CAUSE OF DEAT	1				PROXIMATE INTERV
UNDERLYING OTHER SIGNIFIC	above cause (A) CONDITION last.	NTRIBUTING	(c)		*************	***************************************		
▼ DISEASE OR CO	BUT NOT RELATED TO THE INDITION GIVEN IN PART	T 1 (A).	***************************************					
U 21A. ACCIDENT	OPERATION 198 CONT	ORMED	H OPERATION		VO	20B. IF YES, WERI	FINDINGS CON AUSES OF DEAT	NSIDERED TH?
U 21A. ACCIDENT	WAS UNDERLYING THE	218. PLA	CE OF INJURY (e.g.,	n or obout 21 C. W	HERE DID	III in Boltim	ore City, give exo	et location)
OR CONTRIBUT	ING CAUSE OF The dicol exemined	home, fa	m, factory, street, o	ffice bldg., INJUR	OCCUR	ha an bannin	o. c -a.,, g., c -x.	oci ioconon,
O 21D. TIME	(Month) (Doy) (Year)	(Houd 21 & INJ	JRY OCCURRED	21 F. H4	OW DID MIU	RY OCCUR?		
S (APPROX)		White At	Not Whit	• 🗀	- 11 010 11100	.,		
22 1 2024:64 4	hat (1) (this haspital)	Work	— Al Holk	April 29		60 Mai	12 O	61
	ast saw the decease				19	69 to Ma		19 6
	fram the causes state				and that	in (my) (aut) ap	oinian death ac	curred an the
23A, SIGNATUR	E	on anatas (i) (ii)	'/ (ara) (ara nat) V	tem the pady a	rrer death.		23B, DATE SIC	GNED
Vingo	na Y. fa	A	D. Ah	nding M	ed. S	hoff I	5-12	
23 C. PHYSICIAN NAME (Typ	rs f	486,19	OEGREE Phy	23D. ADDRESS	irector L Pi	rys. L		
		Austo . A	. 0	1514 Di	Lvisibh	Street :	Balto.,	Maryland
VIRGI 24A. BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE	24C. NAME	of CEMETERY OF CRE	MATORY	24D. LO	ATION (C	City, town, or cou	inty) (Sto
		60				5 20		
Burial 25A. DATE REC'D E	Y HEALTH DEPT.	69 Mt	Auburn	Cemetry 25C. FUNERA	L DIRECTOR	Baltimor	e Md	DDRESS
MAY	1 1 (303) (1	100 D	To Day of	A A A	Pohus I	Halstead	1206 W	ort.h

VS 150-REV. 1/1/68



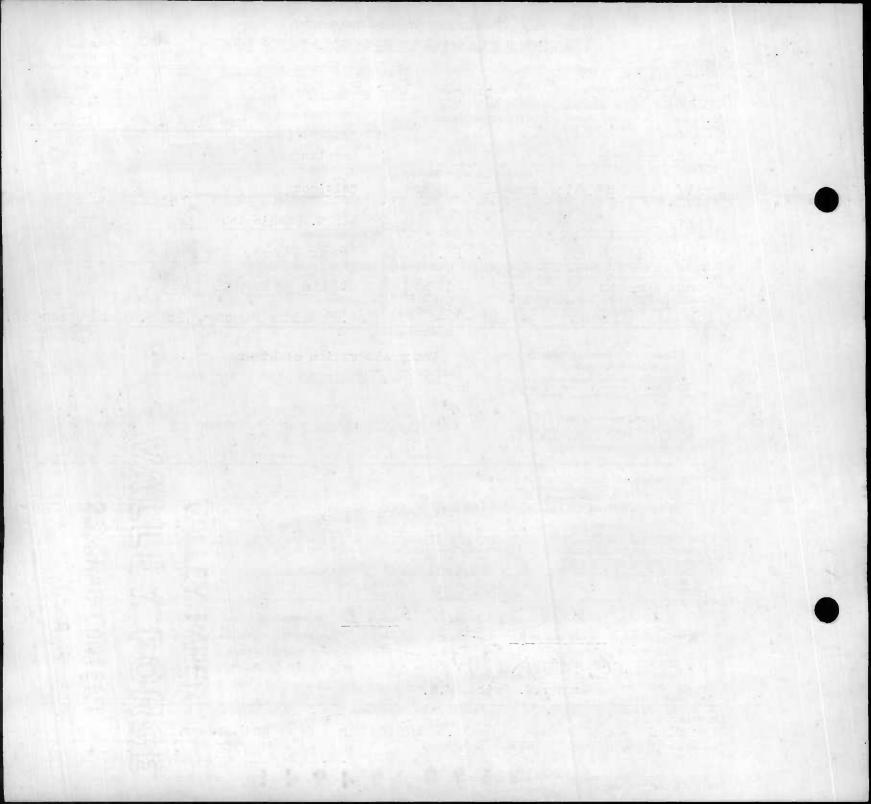
P-260

VS 151-REV. 1/1/68

69 4949 BALTIMORE CITY HEALTH DEPARTMENT

10-10 BALTIMORE CITT HEALTH DEPARTMENT	00	40.40
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.	NO	4949

BIR	TH NO.														
	NAME OF DECI	ASED				THE RESERVE	2. DATE	Known	Ma	nth	Day	Yea	r Hou	r	
(Type or Print) DANIEL MICHAEL PISCOR						OF DEATH	Estimated	X						м.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Мо	n th	Doy	Yeo	r Hou	r			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					PRONOL	JNCED DEAI	_ M	ay	13,	1969	1	2:40	AM		
OR	INSTITUTION						5. USUAL RI	SIDENCE (Where dece				ce before	admissio	on) g
3	5 Church	Home					A. STATE Mary	yland		В	. COUNT	Υ	1	-0	1
6. :		7. RACE		8. MARR	IED 🗌 N	NEVER MARRIED	C. CITY OR	,	77		D. INSIDE	CITY LIMIT	S?		
	na1e		white	WIDOW		DIVORCED		timore				YES 📉	NO [
9. [DATE OF BIRTH		10. AGE (I			1 Yr. If Under 24 Hrs. Days , Hours , Min.	E. STREET A	ND NUMBI	R						
	1/18/28		40					S. Was	hingt	on					
11.	BIRTHPLACE (St	ate ar fareig	n cauntry)	- 11	12. CITI		13. FATHER'	SNAME							
	Marylan	ıd			U	A COUNTRY?	Fra	nk Pi	scor						
144	.USUAL OCCUP	ATION (Give	kind of work	148 KIND	OF BUS	INESS OR INDUSTR	15. MOTHE	R'S MAIDEN	NAME						
400	ongshor		en intellifed)	Care	so L	oading		lla S		ski					
	WAS DECEASE s, no or unknown)					SOCIAL SECURITY NO	18. INFORMANT ADDRESS								
Y	es	Kore		or service)	220.	-20-0017	Mrs.F	hylli	s Pis	scor	,428	S.Wa	shir	ngto	n St
	19. 57	1121				CAUSE OF DEA	TH						APPROXIA	MATE INTE	
	DISEASE	OR COND	ITION DIRE	CTLY		Fatty	Alterat	ion of	Liver						
		EADING TO				(A)IMMEDIATE									
	heart failure,	is daes not meon the mode of dying, e.g., Intifailure, asthenio, etc. It means the disease,						AS A CONSEQUENCE OF:							
	injury or cam	njury or camplication which caused death.)													
	AN	ANTECEDENT CAUSES (8)													
		EASES OR CONDITIONS, IF ANY, GIVING E TO THE ABOVE CAUSE (A) STATING THE						QUENCE OF:							
	UNDERLYIN	IDERLYING CONDITION LAST.										-			
O						(C)									
TY	OTHER SIGNI		II IDITIONS C	ONTRIBUT	ING										
CERTIFICATION	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMI		,	************				**	********			
RTI					FOR WH	ICH OPERATION W	AS PERFORM	ED				21. AU	JTOPSY?	(Yes ar	No)
208. CONDITION FOR WHICH OPERATION WA												Yes			
Y	22A. EXTERN	IAL CAUSE	WAS		22B. PLA	CE OF INJURY(e.g.,	in or about 2	2C. WHERE	DID (If in F	Roltimore	City, give	exact location			
EDICAL	UNDERLYING	OR CON	TRIB-		home, fa	rm, foctory, street, offic	e bldg., etc.) If	NJURY OCC	UR?		city, give	0.00011000110	,		
Σ	22D. TIME (ay) (Yea	r) (Havr) 22E.	NJURY OCCURRED	2	2F. HOW DI	D INJURY	OCCU	R?				-
	(APPROX.)				m. WHIL		WHILE O								
	23.				7						1.9			1137	
	l certi	fy that I h	eld an I	nquiry L	_ In	spection Au	tapsy X	and that	on this b	oasis, d	leath in r	my apinia	ח		
	resulte	ed fram: N	atural cau	ses K	Acct	dem Suicie	de Hamicide Undetermined manner								
11000 00 00)2-	CHIEF MEDICAL EXAMINER					DATE	SIGNE	en.	
	ACTUAL	11 11/12	w	Mh.	- 11	M.E.	ASSI	STANT MEDI	CAL EXAM	INER [X		DAIL	SIGINE	
	SIGN ATU EXAMINE		Llownon	r II (10000			CIATE MEDI	CAL EXAM	INER [5/	13/6	9
	NAME (Ty		werne	. 0. 3	phics	, M.D.									
24	A. BURIAL CREM	ATION, 2	4B. DATE		24C. N	NAME of CEMETERY	or CREMATO	RY	24D. LOC	ATION	(City, t	own, ar cou	nty)	(State)
KE	MOVAL (Specify Burial	') -	5/16/6	59		St. Stani	slaus	- 8 - 1	Balt	timo	re.	Mar	ylar	nd	
25/	A. DATE REC'D	Y HEALTH		_		REGISTRAR		UNERAL DI							
	MAY	14 19	03	0.3	r.E.	مأن رسان كالما	J. M. F	SADO	WSKI	& S	ONS,	1808	EAS!	PERN	AVE
			not tell	1 13	A17	0 0 0	0 4	0 1	1						



a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner.

was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

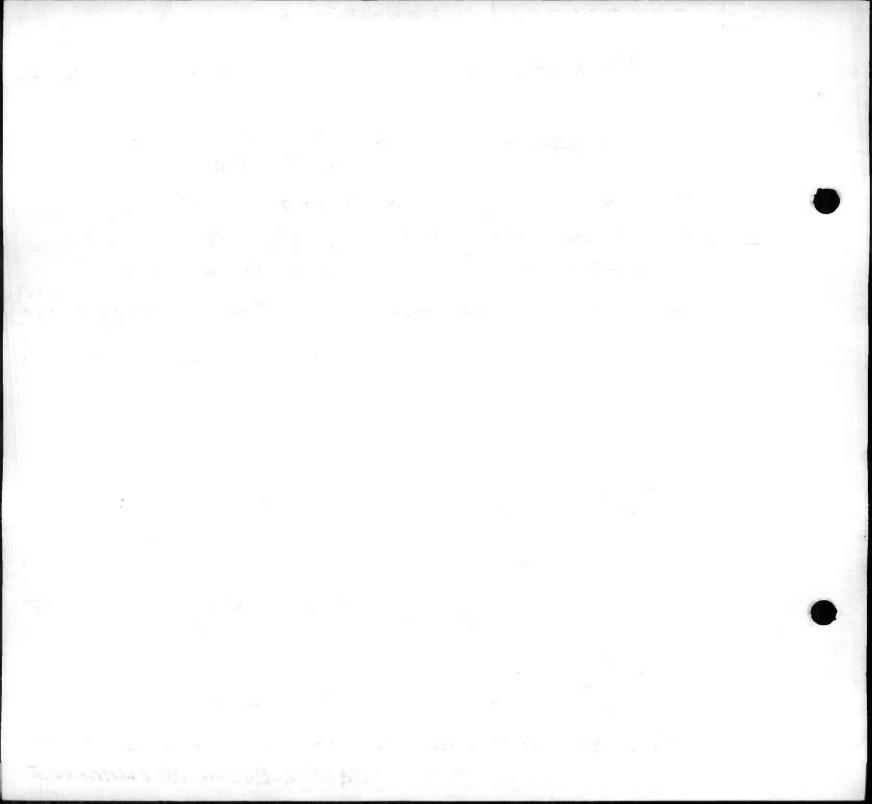
VS 150-REV. 1/1/68

CO 1050

BALTIMORE CITY HEALTH DEPARTMENT

69 4950

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO			
1. NAME OF DECEASED	· - i - i	2. DATE AN	D HOUR OF DEATH	6		
HANNK KAN		5	112/169	7.40 AN		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	IIA. STATE B. COUN	TY	titution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLA		2-02		
37 MERCY HOSPITA	SDURHAM ST. D. INSIDE CITY LIMITS?					
37 MERCY HOSPITA		E. STREET AND NUMBER		YES NO NO		
i .		Balto.				
	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yours lost birthday)	if Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIN)		11. BIRTHPLACE (State or forei				
done during most of working life, even if retired). [TERN ELECTRIC	D .	gn country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	b	14 MOTHER'S MAIDEN NAM	AF.	USA		
WILLIAM KAN	IJECKÍ		A AUTU	osseki		
15. Was Deceased Ever in U.S. Armed Forcas? (Yes,no or unknown) (If yas, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4 -	ADDRESS 2122		
NO	214-10-0461	CLARE SKOTAR	SKI 309 1	HOMBERG AVE		
18. / 9 / X 1	CAUSE OF DEAT	н		APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		7 6 0	21	.1/ -		
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAL	ISE Jempaal A CONSEQUENCE OF:	Moma	1/2 mond		
heart laiture, astherio, etc. It means the dise injury or complication which caused death.)	as e,	(/		
ANTECEDENT CAUSES	(R)					
DISEASES OR CONDITIONS, if any, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:	/	*******************************		
UNDERLYING CONDITION last.	(C)					
z 11						
O THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL	*******				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
WAS PERFORMED	ram tumour		IN CERTIFYING CAU	SES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n of about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore	City, give exoci locotion)		
21D-TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?			
(APPROX)	While At Work At Work	· 🗆				
22. I certify that (I) (this hespital) ottende		5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9 67 10	112 19 69		
that (X) (we) last saw the deceased alive	,		t In (my) (pur) opini	on deoth occurred on the date		
and hour and from the causes stated above	(We) (did) (did not) v	lew the body ofter death.				
23A. SIGNATURE	MD AHO	nding Med.		23 B. DATE SIGNED		
23C. PHYSICIAN'S	DE GREE Phys	Director L	Stoff Phys.	5.12.69		
NAME (Type)	HAN MD	3D. ADDRESS	Gospital	,		
24A. BURIAL CREMATION, 24B. DATE 240	DEGREE C. NAME of CEMETERY OF CRE	MATORY /24D. LO	CAHON	four or county)		
REMOVAL (Specify)	ST STANIS LA		UNDA CK AL	town, or county) (Stote) 16 BALTO MD		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM						
MAY 14 1969 (10.9	6.52.2Q., OL	THE USPERLE	ROSINC 180	OELOMBARD ST		



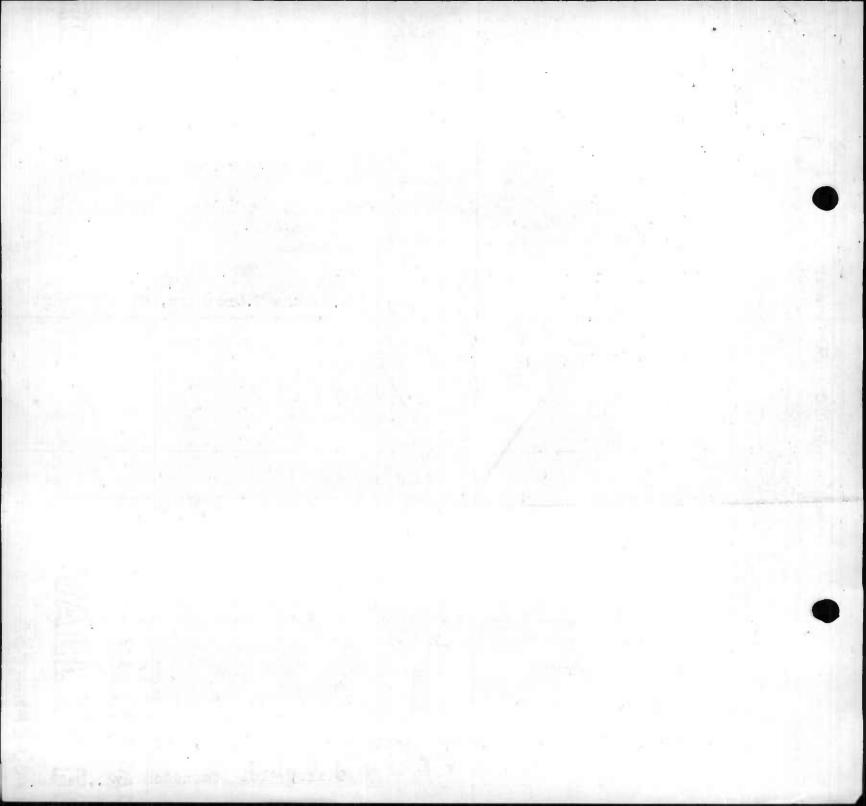
Will selective PORLY 07 11 11 11 11 11 11 11 11

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

4) BALTIMORE	CITY HEALTH DEPARTMENT
69 4934 CEPTIEN	CATE OF DEATH REG. NO. 69 4952
1. NAME OF DECEASED	2 DATE AND HOUR OF DEATH
(Type or Print) CLARK, ANNA	MAY 12, 1969 6:10A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admissional A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	I was made a sum
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
40 , ST. AGNES HOSPITAL	BALT MORE YES X NO
	170 SO COLLINS AVE. 21229
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr., II Under 24 Hrs.
FEMALE WHILE WIDOWEDK DIVORCED	06/10/84 lost birthdoy) Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU-	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
NONE	CZECHOSLOVAKIA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ANNA (NEE KUEHNL)
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) Uf yes, give wor or dotos of sorvice) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
ONE 215-22-92	The state of the s
18. / 5 7 9 1 • CAUSE OF DI	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
This does not mean the mode of dving an (A) IMMEDIATE	CAUSE / DYAMM & RAS A CONSEQUENCE OF:
heort laiture, asthenia, etc. It means the disease, injury or camplicotian which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	Mesheli in Sellice. Co.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	R AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	a M. Rancreas
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART I (A).	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yos of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INTURY IO.	99-in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner) home, form, factory, street etc.)	t office bldg. INJURY OCCUR?
21D. TIME (Month) (Day) (Your) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
21D.TIME (Month) (Day) (Yoar) (Hour) 21E. INJURY OCCURRED While At Work At W	While -
22. 1 certify that (1) (this haspital) attended the deceased fram	ADDIT 20
that (i) (we) last saw the deceased alive an MAY 12	
and haur and fram the couses stated obave. (1) (We) (did) (did not	in (m), (asi) springly decliffed diffile date
23A. SIGNATURE	23B. DATE SIGNED
(growers 1/08 4/tr.) L	Attending Med. Staff Sta
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS BALTIMORE, MARYLAND 21229
H. ISIDRO, M.D.	ST. AGNES HOSP: CATON & WILKENS AVES
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	JREE!
Burial 5/14/69 New Cathedra	
A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	Witzke, 4101 Edmondson Ave., Balto., Md. Address
MAI T# 1202 (17) (2) (2) (2) (2)	0-1 4 7 4 4
150 051/ 1/1//0 2	

u z die A 🔐 z . . .

		HEALTH DEPARTMENT	00 4059
69 49	53 CERTIFICA	TE OF DEATH REG. N	10. 69 4953
BIRTH NO.		2. OATE AND HOUR OF C	DEATH 425
(Tuno or Print)	-071A E		_ / ~
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	CONQUEST DEAD	4. USUAL RESIDENCE (Where deceased live	ed. If institution; residence before admission)
	CONTROL DEFICE	A. STATE B. COUNTY	11 10
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	16-00
INSTITUTION ADDRESS OF EGGLIGATION		1.00	D. INSIDE CITY LIMITS?
		E. STREET AND NUMBER	YES NO
BON SECOURS HOSP	ITAL		
		606 WILDWOOD PARK	
5. SEX 6. RACE 7. MAI	RIED NEVER MARRIED	B. OATE OF BIRTH 9. AGE (In year	rs If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	WED DIVORCED	12-24-92 76	00 1053
10A. USUAL OCCUPATION (Give kind of work 108, KI)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		MARVIAUD	U.5, A.
Housewife		MARY LAND 14. MOTHER'S MAIDEN NAME	
		ret and a	
GROLLER		UNHOUND	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	AODRESS
NA	216-20-85/2	Mrs.Bertha M.Crothe	ers, 407 Oak Court
18. 4/19 4	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Cembral Artur	SETWEEN ONSET AND DEATH
LEADING TO DEATH			year
(This daes not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
heart laiture, osthenia, etc. It meons the dis injury at camplication which caused death.)	ease,		
ANTECEDENT CAUSES	ASC	VD	42911
DISEASES OR CONDITIONS, if any,	(8)	A CONSEQUENCE OF:	3
rise to the above cause (A) stating			
UNDERLYING CONDITION last.	(C)	••••	
4			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM			
DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
WAS PERFORMED		Ved)	Les
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21C. WHERE DID (If in Æ fice btdg., INJURY OCCUR?	Baltimore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21 D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW OID INJURY OCCUR?	
(APPROX.)	While At Not While At Work	e 🗍	
			= 11 /c
22. I certify that (I) (this hospital) atten			5 - 19 6 7.
that (I) (we) last saw the deceased alive	on 5 • // .	19 67 and that In(my) (au	or) apinian death accurred an the dote
ond hour and fram the couses stated abo	ve. (1) (We) (did) (did not) v	iew the body after deoth.	
23A. SIGNATURE			23B. DATE SIGNED
U. Samplum.	Dhu	nding Med. Staff birectar Phys.	5.11.69
23C.PHYSICIAN'S	UEGREE	23D. ADDRESS	10
NAME (Type)		Bon Secours Ho	e hi da
	OEGREE 4C. NAME of CEMETERY OF CRI		(City town or county) (State)
REMOVAL (Specify)	40. HAME OF CENTETERS OF CRI		(City, town, or county) (State)
Burial 5/14/69	Western Cemet	ery Baltimore,	Maryland
2SA. DATE REC'D BY HEALTH OEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
The Man Page	7 0 7 0	Witzke, 4101 Edmo	ndson Ave. Balto.
VS 150-REV, 1/1/68			DALLO.



L	6	69	4334	HEALTH DEPARTMENT		69 4954	7)
	RTH NO.		CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	100.2	
(1)	rpe or Print)	FUNK, WIL	LIF 7FA		AY 11. 196		ο Δ
3,	PLACE IN BALTIMORE,	MARYLAND, WHERE	PRONOUNCEO DEAD	4. USUAL RESIDENCE ()	Where deceased lived. If		
FL	JLL NAME OF (IF N OSPITAL OR ADD	OT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	MARYLAND	Balto. Co	. 53	3-00
IN	ST	AGNES HO		c.city or town Catonsvil		SIDE CITY LIMITS?	T-48+
			KENS AVENUES	E. STREET AND NUMBE		YES NO	4
		TIMORE,			rsing Home		
5.	SEX 6. RACE		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., II I	Under 24 Hrs.
F		HITE W	DOWED DIVORCED X	06/20/78	lost birthdoy)	Months Doys Hou	rs Min.
do	ne during most of working life, HOUSEWIFE	even if retired)	RIND OF BUSINESS OR INDUSTRY	VIRGINIA	foreign country)	12. CITIZEN OF WHA	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	U.S.A	1
15. (Ye	Wos Deceased Ever in U.s.,no or unknown) (II yes, gi	S. Armed Forces?	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
			217-14-9856	ST AGNES!	RECORDS CAT	TON & WILKE	INC AVE
	18. 4 3 / 1		CAUSE OF DEAT		NECONDS CAL	APPROXIMA	TE INTERVAL
		NDITION DIRECTI	.Υ	- 1 1/	1 1 1	BETWEEN ONS	ET AND DEATH
		TO DEATH	(A)IMMEDIATE CAL	IsE Lovebro Vas	cular (Accide	rut	
	(This does not meon heart foilure, osthenia,	the mode of dyin	C. 8.C.	A CONSEQUENCE OF:	- Section of the Assessment		
	injury or complication	which coused deat	1.)	1 1 1	/ >	1	
	ANTECED	ENT CAUSES	10) Othern	ecleratio Vac	Mar Disease	0 -	
	DISEASES OR CONE	OITIONS, if ony,		A CONSEQUENCE OF:	Vicinia de la constantina della ***************************************		
	rise to the obove	cause (A) stati					
	CHOCKETING CONDI		(c)		***************************************		
×	OTHER SIGNIFICANT CO	II	HTING				
CATION	TO THE DEATH BUT NO	RELATED TO THE TER	MINAL				
CERTIFICA	19A. DATE OF OPERATIO		N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE AUSES OF DEATH?	D
CE	21A. ACCIDENT WAS U	NDERLYING T	21B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DIE) (If In Baltima	ore City, give exoct locotic	201
CAL	OR CONTRIBUTING C DEATH (notify medical e	AUSE OF Kominer	home, form, foclory, street, of	fice bldg., INJURY OCCUR	?	ore only, give exoct locolic	,,,,
ED	21D. TIME (Month) OF INJURY	(Day) (Year) (Ho	ut) 21E INJURY OCCURRED	21f. HOW DID	INJURY OCCUR?		
\$	(APPROX)		While At Not White	ח			
	22 I contifue that ON I	his hasalest\ see	ended the deceased fram M	AV 10	10.60	14.14.4.4	
			ve an MAY 11		_19 69_taM	1/1 Y - 1 1	19-69-
				17ond	that in Mink) (our) ap	inion death occurred	on the dote
		causes stated al	oave. **() (We) (did) (**()) (%) v	lew the body ofter deot	h.		
	23A. SIGNATURE	114				23 B. DATE SIGNED	
		Muto	OEGREE Phys	nding Med. Director	Staff Phys.	05/11/69	
	23C. PHYSICIAN'S NAME (Type)	11		3D. ADDRESS			
	S QU	JIROZ M D		ST AGNES HO	SPITAL CATO	ON & WILKEN	S AVES
24/	A. BURIAL CREMATION, REMOVAL (Specily)		24C. NAME of CEMETERY of CRE			ity, town, or county)	(Stote)
	Burial	5/13/69	Woodlawn Cemet	erv	Balto. Com	tw Ma or on	7
	A DATE REC'D BY HEALT	H DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECT	OR:	ADDRESS	
		1969	9.6 9 0 00		Edmondso	m Arra 73 7	1
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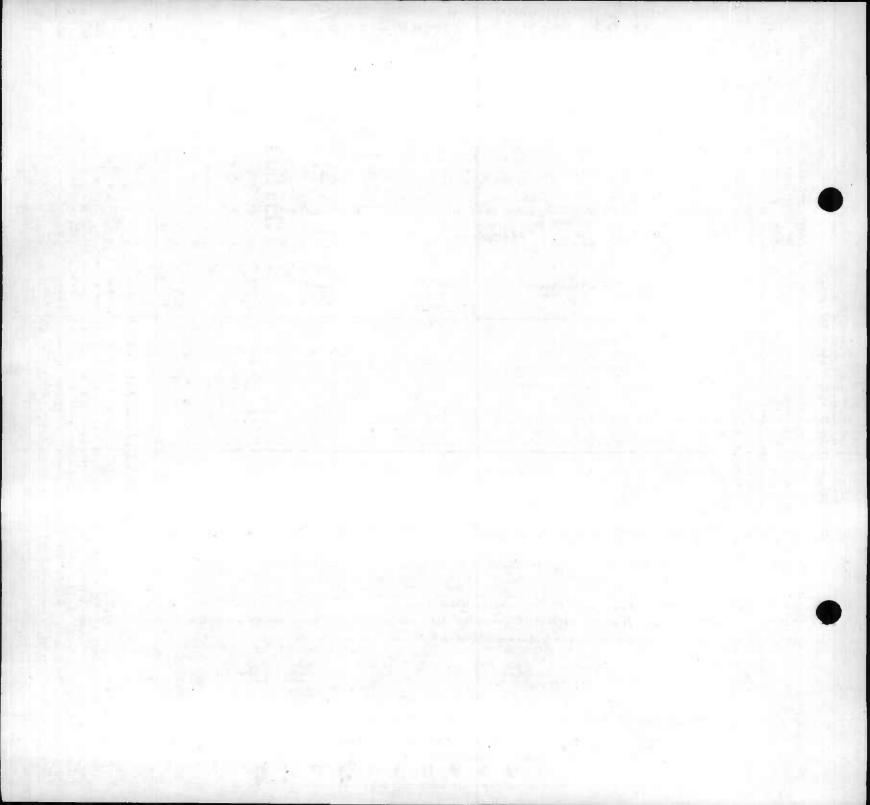
	AG NOT USES 4955 CEPTIFICA	THEALTH DEPARTMENT REG. NO. 69 4955						
	I.NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH						
	KEIM, BABY (SEX_UNDETERMI							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	40 ST. AGNES HOSPITAL	BALT MORE YES NOTE						
	K-BALLE	1447 LANGFORD RD						
	SELECTION 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr. if Hader 24 Her						
	JNDETER - WHITE WIDOWED DIVORCED	5 11 69 lost birthdoy) Months Doys Hours Min						
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if refired)	11. BIRTHPLACE (Stote or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA						
	13 WATHER'S AME	14. MOTHER'S MAIDEN NAME						
KIK	KXXM D KEIM 15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	MICHELLE F (THOMPSON)						
	15. Was Deceased Ever in U. S. Armed Forces? IYes, no or unknown) (If yes, give war or dotes of service)	ST AGNES HOSPITAL - CATON & WILKENS AVES						
	injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last. (B)	A CONSEQUENCE OF: A CONSEQUENCE OF:						
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (notify medical examiner)	or obout 21 C. WHERE DID III In Rollimore City also eved legation						
	21D. TIME (Month) (Doy) IYeor) (Hour) 21E INJURY OCCURRED While At Not While At Work	216 HOW DID INJURY OCCUR?						
	Work At Work 22. I certify that (i) (this haspital) attended the deceased from MAY 1 19 to MAY 1 19 69 that (i) (we) lost sow the deceased alive an MAY 1 19 69 and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated above. (ii) (We) (did) (diff)(at) view the bady after death. 23A. SIGNATURE							
	Where dangerous Mil OFGREE Phys.	nding Med. Stoff						
	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREATERY	MATORY 24D. LOCATION (City, town, or county) IStole!						
	Burial 5/13/69 Loudon ark Come							
	MAY 14 1969 4 12 02 3. 12 000,	Witzke, 4101 Edmondson Ave., 21229						

place a on all il. . ile Will I Wilder ---

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (b) No physician was in regular affendance on the deceased prior to death.
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	The	sh w	¥ de

RIRT	69 4956 H NO.	CE	RTIFICA	TE OF DE	ATH	REG. NO	69	4956
1. N.	AME OF DECEASED OF PRINTIPE PAWFLEZY	K. Hr	FRANK	· E.	5-14-			2 - 00 + M
3. P	LACE IN BALTIMORE, MARYLAND, WHERE				B. COUNTY	ed lived. If ins	titution; resi	dence before odmission)
HO	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GI	VE STREET	MD c. CITY OR TOWN	BACT		DE CITY LIM	8-01
CA	FURCH HOME AND HO.	SPITAL		BALTIA			YES 🔽	NO 🗌
XE	ACTIMORE MARYLA		3/	E. STREET AND I	NUMBER ANN - ST	heef	2/2	31
5. S		RRIED NEVEL		8. DATE OF BIRTH	9. AGE	(In years	If Under 1	Yr. If Under 24 Hrs.
-	///		DIVORCED	12 08	Oo lost birth	doy) 68	IVIOIIIIS; D	oys Hours Willia
	USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINES	OR INDUSTRY	11. BIRTHPLACE (State or foreign count	ry)		OF WHAT COUNTRY
200	1 1 /	tevedore		POLAND			1	MER.
	ATHER'S NAME			14. MOTHER'S M				1-01-50
4	homas PAWELEZY	K.		Joseph	sherie K	USINS	sk1	
S. \	Nos Deceosed Ever in U. S. Armed Forces? ,no or unknown! (If yes, give wor or dates of s	1 6. SOCI	AL IRITY NO.	17. INFORMANT		100	N PA	DDRESS
1,63	, in or office with the year, give wer of deleas of a		07-7559	J. MIE	R-M.D	BAC	TO	2/23/
	18. 4		USE OF DEATH	1				APPROXIMATE INTERVAL
Н	DISEASE OR CONDITION DIRECTL	Y		0.00	=	- 0		
	LEADING TO DEATH	(A	IMMEDIATE CAU	SE ! GRAT	1 NEGATIL	16 50411	CEMIA	4 .
	(This does nat mean the made of dying healt failule, asthenia, etc. It means the d	isease,	DUE TO, OR AS	ACONSEQUENCE O	OF: IA, SEVE	RE DEF	HYDRA	TION.
	injury ar complication which caused death ANTECEDENT CAUSES	.)	w .					
П	DISEASES OR CONDITIONS, if any,	(B	DUE TO, OR AS	A CONSEQUENCE	OF: UNKNOW	V/V C67 US	63.	
H	rise to the above cause (A) stating			7515 · ASC				
	UNDERLYING CONDITION lost.	(c)					
z	THE STANFFICANT CONDITIONS CONTRIB	ITINIC						
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER	MINAL						
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH O	PERATION	20A. AUTOPSY	? (Yes or Not 20B, I	F YES, WERE FERTIFYING CAL	INDINGS C	ONSIDERED ATH?
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE O home, form, (etc.)	F INJURY (e.g., i	n or obout 21C. WH fice bldg., INJURY	OCCUR?	(If in Boltimore	City, give	exact facation)
DIC	21D. TIME (Month) (Day) (Year) (Hou	17) 21E, INJURY	OCCURRED	21F. HO	W DID INJURY OC	CUR?		
ME	OF INJURY (APPROX.)	While At	Not Whil At Work	• 🗖				
	22, I certify that (I) (this haspital) atte	Work LJ		5 - 13	- 19 60	7 5	1.	- 19.69
	that (1) (we) last saw the deceased ali		14 —	1969			ian death	accurred an the dat
	and have and from the causes stated at					y, (doi, dpi)	nun deum	decorred dir line dar
	23A, SIGNATURE	dve. (I) (We) (d			rer death.		23B, DATE	SIGNED
	11.	very	A P Atte	nding Me	d. Staff Phys.	3	5	-14-69
	23C. PHYSICIAN'S NAME (Type) JAN MIER . J			OOD ADDRESS	BROADWAL		0	2/23/
24A	BURIAL CREMATION, 248. DATE	24C. NAME of C	DEGREE	MATORY	24D. LOCATIO	N (Ci	ly, tawn, ar	county) (Stotel
	Burial 5/17/69	St. Stani	slaus Cer		Baltimo	re Mary	land	
25A	MAY 14 1969	NAME OF REGIST			AsWeber 70	5 South	Ann S	ADDRESS treet
VS	150-REV. 1/1/68·							

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

K		69 AGEN BALTIMORE CITY	HEALTH DEPARTMENT			
	212	TH NO. ALFRED F. DAMESYN	TE OF DEATH REG. NO. 69 4957			
	1. N	IAME OF DECEASED	2. DATE AND HOUR OF DEATH			
		PL FRED F. DAME SYN	5-12-69 8:20 P M.			
	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY B. COUNTY			
	FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) STITUTION DATESTACKS OF THE PROPERTY	MARYLAND HARFORD COUNTY 62-00			
	INS	BALTIMORE CITY HOSPITALS	EGEWOOD YES NO X			
		3 / 4940 EASTERN AVE.	E. STREET AND NUMBER			
9		BALTIMORE, MARYLAND #21224	3017 PULASKI HIGHWAY			
חמם	5. S	MARKED 24 NEVER MARKED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
IS III		MALE WHITE WIDOWED DIVORCED	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?			
		e during most of working life, even if retired) OROWN CORK	MARYLAND. 4.5.A.			
Sifi	13.	PACHINIST SEAL CO.	MARYLANG. 4.5.77-			
isposition	-	COOLIN E OANGEVAL	STANISLAWA JAWORSKI			
ס	15. \	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS			
final	(Yes	s, no or unknown) (If yes, give war or dates of service) SECURITY NO. 217-18-9417	4940 EASTERN AVE.			
or fi	-	18. / O CAUSE OF DEATH				
0		DISEASE OR CONDITION DIRECTLY	SETWEEN ONSET AND DEATH			
He		LEADING TO DEATH (This does not meen the mode of dying, e.g.,	Introce rebol fleeding by 2 12 days.			
pa		heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:			
E		ANTECEDENT CAUSES NO AS IN	YSM (2) ANT. CEREB. DRIORY Conglistal.			
are		DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:			
		rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)				
remains		II II				
Геп	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
the	0	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
e	ERTIF	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?			
before		2TA. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, off	n or obout 21C. WHERE DID (If In Boltimore City, give exact location) ffice bldg., INJURY OCCUR?			
- 1	O	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	OF HOW DID IN HOW A COURT			
ained		OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?			
tai		VYOIK AT WORK	= 10 (9			
o		22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on 5 - 12	19 69 ta 5 - 12 19 69,			
<u> </u>						
must		23A, SIGNATURE	23B, DATE SIGNED			
		MATCON Attended Atten	Inding Med. Soll 5-12-68.			
000			23D. ADDRESS BALTIMORE CITY HOSPITALS			
approval		O. AUTICON IV.	4940 EASTERN AVE. BALTIMORE, MD. #21224			
	24A	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRE	A			
tte		URIAL 5-16-69 ST. STANISLAUS				
written	25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 2007 EASTERN AVE			
1	VS	150-REV. 1/1/6B	1397. MALTO, Md. 2/231			

CALL SA 1 1 To 1 1 To 1 THE PROPERTY STREET STREET The second secon Ry Killer Beach

4958 Such shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the BIRTH NO. deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death

BALTIMORE CIT	TY HEALTH	DEPARTMENT
CERTIFIC	ATE OF	DEATH

4958 REG. NO.

ADDRESS

Reisterstown, Md.

pe or Printly / / /	2. DATE AND HOUR OF DEATH
WVIIC. MARIE. P.	5-10-69 745 P.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A, STATE B. COUNTY
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OSPITAL OR ADDRESS OR LOCATION) STITUTION	13 04
91 KESWick	E. STREET AND NUMBER 700 West Fortieth STREET
SEX 6. RACE, 7. MARRIED NEV	
t white widowed	DIVORCED 9-13-1875 lost birthday) Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE to during most of working life, even if retired)	ESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
tousewite -	MARY AND M.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Wylie	MARIA Rosena Padels
Wos Deceased Ever in U. S. Armed Forces? Second of unknown (If yes, give wor or dates of service) 16. SO(SEC S	CURITY NO. 17. INFORMANT CURITY NO. 18-52-0761 Durackura R. N. Keswick Repords
injury ar complication which caused deoth.)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(8) Sen: Certeur scleror. DUE TO, OR AS A CONSEQUENCE OF: (C)
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	(c)
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION FOR WHICH WAS PERFORMED	OPERATION [20A. AUTOPSY? (Yes or No.)] 208, 1F YES, WERE FINDINGS CONSIDERED
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notily medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY While At CARBOOX)	OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OF INJURY (e.g., in or obout 21C. WHERE DID , foctory, street, office bldg., INJURY OCCUR? YOCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
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DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the decethat (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We)	OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OF INJURY (e.g., in or obout 21C. WHERE DID , foctory, street, office bldg., INJURY OCCUR? OF INJURY (e.g., in or obout 21C. WHERE DID , foctory, street, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Not While At Work eased from 19
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJUR' While At Work 22. I certify that (I) (this haspital) attended the decet that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We)	OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OF INJURY (e.g., in or obout 21C. WHERE DID , foctory, street, office bldg., INJURY OCCUR? OF INJURY (e.g., in or obout 21C. WHERE DID , foctory, street, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Not While At Work eased from 19

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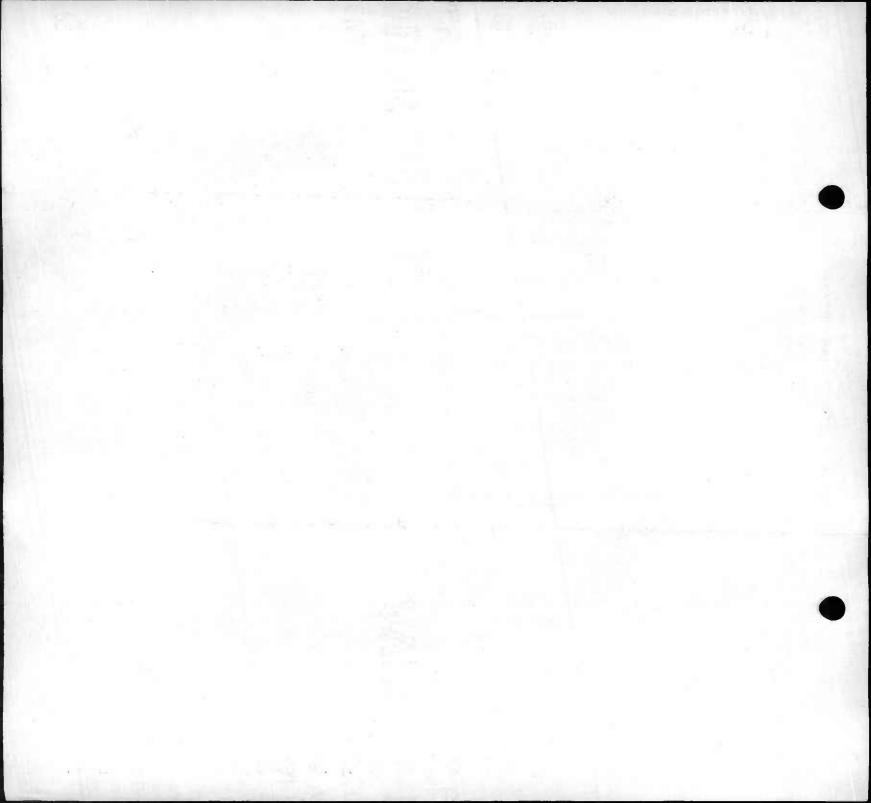
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VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

1969

25B. NAME OF

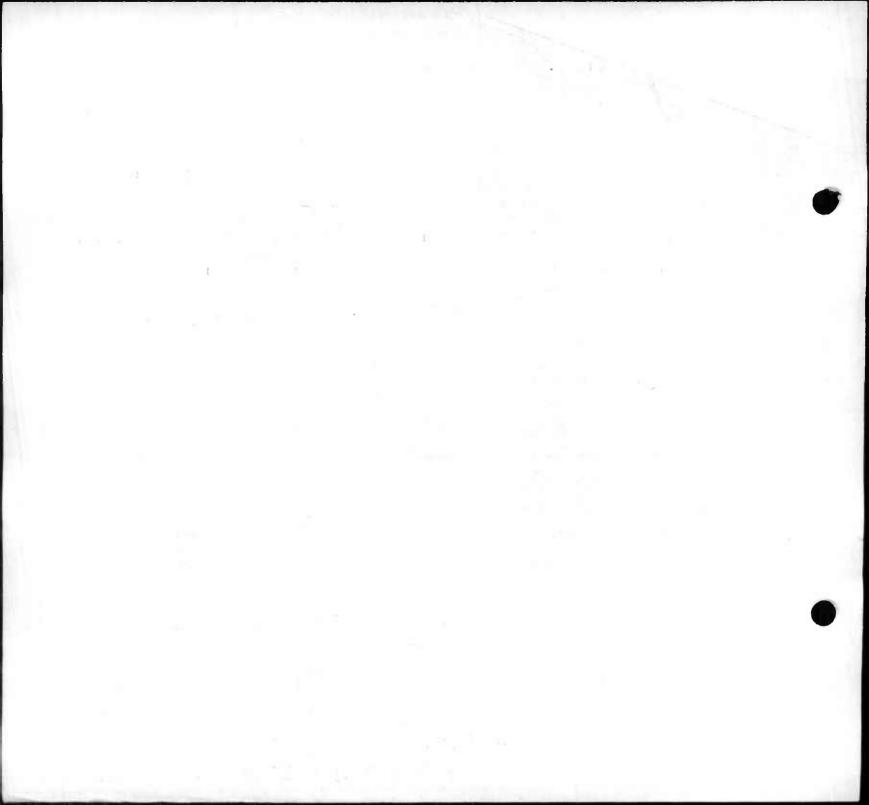


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

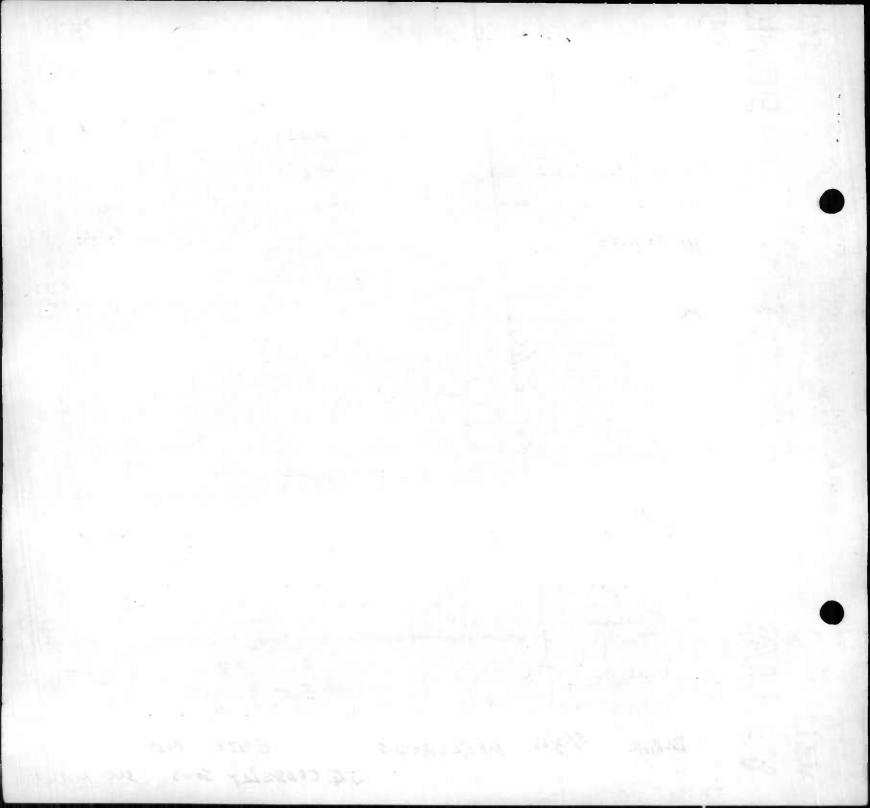
BIRTH NO.	69	9 49	59 CERTIFICA	TE OF DEATH	REG. NO	69 4959
1. NAME OF DE	Louis C.	DANNE	NEELSER	2. DATE	AND HOUR OF DEATH	. # 21.C1
3. PLACE IN BA	LTIMORE, MARYLAND, V		•	4. USUAL RESIDENCE (V	Vhere deceased lived, If in	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)			MARYLAND C. CITY OR TOWN	BALTIMO	RE COUNTY 53-00	
	JOHNS HOPKI	NS HOS	PITAL	E. STREET AND NUMBER	₹	YES NO X
5. SEX	6. RACE	7. MARDIER	NEVER MARRIED	5845 WE	STWOOD AVE	
MALE	WHITE	WIDOWED		11-19-13	9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
done during most al	UPATION (Give kind of work working life, even if retired) 1BER		TRANSITIES	11. BIRTHPLACE (Stole or	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	TAME	0.01/1.
Louis	DANNENFEL	SER		Anna S	ADOWSKI	
15. Was Deceased Yes no or unknown	Ever in U. S. Armed Far (If yes, give war ar date	ces? s of service)	SECURITY NO. 214 03 605	17. INFORMANT 2 DO LORES	DANNEN F	ADDRESS 6845 elser westweed fu
DISEASES (nplication which coused ANTECEDENT CAUSES OR CONDITIONS, il e above cause (A) G CONDITION lost. Il FICANT CONDITIONS CO TH BUT NOT RELATED TO TO	any, giving stating the	(c)	A CONSEQUENCE OF:	d beniewh injour	age 36 days 7 yrs.
▼ IDISEASE OR C	OPERATION OPERATION 198 CON WAS PER	T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21 B, hom etc.)	e, form, factory, street, af	or obout 21C. WHERE DID	(If In Baltimar	e City, give exoct facotion)
21D. TIME OF INJURY (APPROXI	(Manth) (Doy) (Year)		INJURY OCCURRED le At	21F. HOW DID I	NJURY OCCUR?	- 1 /
that (I) (we)	that (1) (this hospitol last saw the deceose d from the causes stot	d alive on	5/11/	19 69 and ew the body after deat		nian death occurred an the date
23A. SIGNATU 23C. PHYSICIA NAME (T	RE Edward	of Blown	Block MD 2	ding Med. Director 33D. ADDRESS	Shoff Phys. Let Hen Kin's	23R DATE SIGNED 5/11/69 HOS PITUL
REMOVAL (PER LOL 25A. DATE REC'D	MATION, 24B. DATE Specify) SIYIG BY HEALTH DEPT.	Hel	DEGREE ME ON CEMETERY OF CRE MODIFIED THE THE THE THE THE THE THE THE THE THE	Che La 24B.	En Hermone	Mey accounty), (Stote) ADDRESS 4
4.61	V 1 1 1969 (Ble 2	63900 2	MA DEC	valey 1211	Chante Are



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased deceased prior to death); and (6) No physician was in remitted death was in remitted. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Consequent of the Consequent attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Constitution approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/6B

A 243 69 4960 CERTIFICA	TE OF DEATH REG. NO.	69 4960
BIRTH NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	1000
(Type or Print) HILDA A. ACORD	5-11-69	5:00 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If instit	ution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND BALTIMORE CO. CITY OR TOWN	CITY LIMITS?
BALTIMORE CITY HOSPITALS	ESSEX	ES NO V
3 4940 EASTERN AVENUE	E. STREET AND NUMBER	
BALTIMORE, MARYLAND 21224	69 A SEVERSKY COURT 212 B. DATE OF BIRTH 9. AGE (In years	2] If Under 1 Yr., If Under 24 Hrs.
MARKIED A NEVER MARKIED	lost birthdoy)	Nonths Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED	1-13-85 8/	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		
HOUSEWIFE	PENNSYLVANIA	U.S.A.
13. FÁTHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNKNOWN	AUGUSTA	ADDOSES
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of services) SECURITY NO.	17. INFORMANT	ADDRESS 21224
NO 12	BCH: RECORDS 4940 EASTERN A	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying and mean the made of dying and mean the made of dying and mean the made of dying and mean the made of dying and mean the made of dying and mean the made of dying and mean the made of dying and mean the made of dying and mean the made of dying and mean the made of dying and mean the made of dying and mean the mean the made of dying and mean the me	SEPWB. MI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dying the DUETO, OR AS A heart foilure, osthenia, etc. It meons the discuse, injury or complication which caused death)	A CÔN SEQUENCE OF:	
ANTECEDENT CAUSES ASC	GVS	
\(\rightarrow\) \(\rightarrow\) \(\rightarrow\) \(\rightarrow\)	A CONSEQUENCE OF:	
underlying Condition last.		
UNDERLING CONDITION last.		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).) Femm	
1794 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF Common form, foctory, street, offi DEATH (notify medical examiner)	or obout 21C. WHERE DID 69 Plin Betting of Country Occur? 69 Plin Betting of Country Occur?	ity, gift exoct location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 4 2169 While At Work At Work	21F. HOW DID INJURY OCCUR? Shipped in Ball	non
22. 1 certify that () (this haspital) attended the deceased fram	4/57 1969 10 M	5-16 NT 19 69.
that (1) (we) last saw the deceased alive an 5 11 691	19 and that in (my) (aur) apinio	
and aur and from the causes stated above. (1) (We) (did) (did not) vi		
23A/SIGNATURE		B. DATE SIGNED
richard N. Jott M. OEGREE Phys.		5/11/69
23e. PHYSICIAN'S	BALTIMORE CITY HOSPITALS	
RICHARD N. COT	4940 EASTERN AVE. VIBALTO. MD	2122/
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	MATORY 240, LOCATION (City,	town, or county) (State)
REMOVAL (Specify) 5/13/69 LABRE LABRA C	BAITA MA	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
17 1202 Ab 4 2 1000 VI	TA. OPRINELLY SONS	300 MACE



IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68****

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 69 4961 BALTIMORE CITY CERTIFICA	ATE OF DEATH REG. NO. 69 4961
III NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) George Gessler	12 HAY 60 2:10 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CCITY OR TOWN: ID. INSIDE CITY LIMITS?
UNION MEMORIAL HOSP.	BALTINGTHE D. INSIDE CITY LIMITS?
44	E. STREET AND NUMBER 7736 FAIR GREEN ROAD 21222
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs. Months; Doys; Hours; Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	12 Adville 1303 GA
UEAT PROCESSES	11. BIRTHPLACE (State or foreign country) HERYLAND . S. A. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN GESSLER	JULIA SCHULTE
15. Was Decoosed Ever in U. S. Armed Forces? (Yos, no or unknown) (If yos, give wor or dotes of sorvice) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
UNK 216-07-3344	HRS HARY GESSLER SAME
18. CAUSE OF DEAT	H. APPROXIMATE INTERVAL
LEADING TO DEATH	SIVE ASTROCYSTONA BETWEEN ONSET AND GEATH
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury at complication which caused death.)	Umit 2
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20.4
E 30 APRIL '69 WAS EERO PAR TUNOR	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., index of long contribution CAUSE OF 10 10 10 10 10 10 10 1	n or about 21C. WHERE DID (If the Saltimore City, give exact location) ffice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While At Not Work At Work Not While At Not Work Not Work Not While Not Work Not Work Not Work Not Work Not While Not Work Not Work Not While Not Work Not While Not Work Not While Not Work Not While Not Work	
22. I certify that (i) (this hospital) attended the deceased from 25	APRIL 1960 to 12 MAY 1960
that (1) (we) last saw the deceased alive an 12 HAY	19 69 and that In(my) (aur) apinian death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not) v	
23A. SIGNATURE	23B, DATE SIGNED
OFFICE Physics	inding Med. Med. Staff C
23C. PHYSICIAN'S NAME (Typo)	23D. ADDRESS
3 - 1 - 2	UNION MEMORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE BURIAL (Specify) 5/15/69 BALTO. CEM	P A I To
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR @	25C. FUNERAL DIRECTOR: ADDRESS
MAY 14 1969 (R.O. O. D. Janber)	TO COMPREH & SOUR 300 MORE

200 min 3 4 5

D-460

69 4962 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4962
1. NAME OF DECEASED (Type or Print) WILLIAM C. DELETRE	2. DATE Known X Month Doy Yeor Hour OF DEATH Estimoted 5 12 69 12.40 M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Stimoted 5 12 69 12:40 by
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 12. 1969 12:40 M.
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
Mercy Hospital D.O.A.	Maryland 2-01
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED X □	Balto. YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min. June 22, 1930 38	E. STREET AND NUMBER 2028 Eastern Ave.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	John A. De Leire
Mass. U.S.A. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	
Laborer Construction	Catherine Finnegan
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1B. INFORMANT ADDRESS
Yes Korean War 025-22-0772	
19. CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic cardiovascular disease
LEADING TO DEATH	
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No) YEB
	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) e bldg., etc.) INJURY OCCUR?
OF INJURY WHILE AT NOT	22F. HOW DID INJURY OCCUR?
m. WORK AT V	VORK L
l certify that I held on Inquiry I Inspection Au resulted from: Natural causes Accident Suici	topsyXXX ond that on this basis, death in my opinion de Homicide Undetermined monner
ACTUAL SIGNATURE SIGNATURE MEDICAL MED	
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D, LOCATION (City, town, or county) (State)
Burial 5-16-69 Woodlawn Cer	netery Everett Mass.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Wal Cook Brooks Towson, Inc. Towson, Md
VS 151-REV. 1/1/6B	The open property that the state of the

and sent of the contraction and sent of the contraction ed in Renderal to the Secret Properties and the Secret Indiana. Married and the come and a Section before to the Roll &

Deceased Such of death 6 hospital death. attendance cause (4) Undetermined cause; 0 0 = prior contributing occurred made regular deceased death disposition Ë OF Was the direct + eath no kind; or final attendance ŏ any pronounced o embaimed fracture examiner. regular who Gre 4 3 physician the remains Was No physician

nature; (2) Body

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Was

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) THOMPSON, LEILA THERESA 1969 MAY 6:1 4. USUAL RESIDENCE (Where decoosed lived. If institution: residence A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND *BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? ST AGNES HOSPITAL BALTIMORF YES NOK CATON & WILKENS AVENUES E. STREET AND NUMBER 1720 ARBUTUS AVENUE BALTIMORE MARYLAND 21229 6. RACE 9. AGE (In years lost birthdoy) 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. FEMALE WIDOWED DIVORCED 07/23/83 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife MARYLAND U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS THOMPSON ISABELLA ALBRECT 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 6. SOCIAL Mrs. Hattie Johannes, 1720 Arbutus Ave. 21227 SECURITY NO. 212-18-9281B CATON & WILKENS AVES I RE CORDS 18./ CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19E CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY le.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (II In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined etc. 21D. TIME OF INJURY (Month) (Doy) (Year) (Hous 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX) At Work Work 22. I certify that (1) (this haspital) attended the deceased from MAY 9 69 that (i) (xe) last saw the deceased alive on MAY 19_ and that in (my) Xour opinion death accurred on the date and have and from the causes stated above. (1) (We) (did) (414 164) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff 05/11/69 Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS QUIROZ, S ST AGNES HOSPITAL CATON & WILKENS 24A- BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION Buria1 5-14-69 Loudon Park Cemetery Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT-258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

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VS 150-REV. 1/1/68

4964 CERTIFICATE OF DEATH of death Deceased Such BIRTH NO. I. NAME OF DECEASED 2. OATE AND HOUR OF CEATH uo (Type or Print) KEWEN, JOHN J. MAY 10, 1969 a hospital 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance etermined cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET AODRESS OR LOCATION! C. CITY OR TOWN 9 ST. AGNES HOSPITAL BALTIMORE YES X NO contributing prior E. STREET AND NUMBER occurred 9. AGE (in years lost birthdoy) JENKINS MEMORIAL-CATON is made. regular 5. SEX 6. RACE B. OATE OF BIRTH If Under 1 Yr. It Und MARRIED NEVER MARRIED It Under 24 Hrs. deceased MALE WHITE WIDOWEDXX DIVORCED 05-04-1900 IGA. USUAL OCCUPATION (Give kind of work) TOR KIND OF BUSINESS OR INDUSTRY IT B. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? = disposition dane during most of working life, even if retired) if the direct or (4) Und COREMAKER FOUNDRY MARYLAND US Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KEWEN JOHN E MC ANNIE LYONS assistant death 0 (3) A fracture of any kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. regular attendance re embalmed or fina YES WW2 ST. AGNES HOSP. RECORDS-CATON & 2-01-4901 pronounced 18. APPROXIMATE INTERVAL Congestive Heart failure, Prenmothoras DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart loilure, asthenia, etc. It means the disease, examiner examiner. injury or camplication which caused deoth.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the the physician UNDERLYING CONDITION last. remains a medical An accident of any nature; (2) Body burns; Was 11 ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Sopendicitis TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). No physician the 19A-OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINOINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI Appendectomy NO before 21A. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE 010 home, form, foctory, street, affice bldg., INJURY OCCUR? where (If In Boltimore City, give exact facation) the body was released to the hospital shows: (1) An accident of any nature; (; MEDICAL DEATH (notify medical examined obtained OF INJURY (Month) (Doyl (Year) (Hourt 21 E INJURY OCCURRED 21F. HOW OID INJURY OCCUR? 9 (except Not While (APPROX.) and At Work 22, I certify that (X) (this hospital) attended the deceased from... APRI death); that (X) (we) lost sow the deceased alive on MAY 10 19 69 ond that In (my) (our) opinion death occurred on the date hospital and hour and from the causes stated above. (IX (We) (did) (did has) view the body after death. must 23A. SIGNATURE 23& OATE SIGNED Attending Med. Shaff Phys. prior to Director 05-10-69 written approval 0 23C. PHYSICIAN'S 23D. AOORESS BALTIMORE, MD. 21229 at NAME (Type) SE-SHIENG DEGREE ST . AGNES CATON & WILKENS HOSPITAL D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased Baltimore, Maryland 5-13-1969 69 Mt. Olivet Cemetery Was 25A, DATE REC'D BY HEALTH DEPT 25C. FUNERAL OIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229

BALTIMORE CITY HEALTH DEPARTMENT

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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hocnital factor to the control of th was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. occurred in a hospital and This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner.

	69	496	BALTIMORE CITY CERTIFICA	HEALTH DEPA	RTMENT	REG. NO.	69	4965
BIRTH NO.			CERTIFICA	TE OF D				1
(Type or Print)					2. DATE AND	HOUR OF CEATH		
2 PLACE IN BAL	Beverly	J. Lev	an	II. MOLLAL DECIS	5-10-69			4:50A
S. PLACE IN SAI	TIMORE MARILAND, W	HERE PRONO	UNCEO DEAD	A. STATE	B. COUNTY	eceosed lived, fl in	stitution: reside	nce before admission
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5. SEX	Baltimore,	Mary	and 21229	8. OATE OF BIRT	lan Driv	GE (In years	T (1 11-4-1) W	W. H. J. 24 14
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Female	Caucasian	WIDOWED		2-16-35		34		
done during most of	working life, even if refired)	IOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stafe at foreign	country)	12. CITIZEN	OF WHAT COUNTR
Housewif	e			Peni	na		TT C	S.A.
13. FATHER'S NA	ME			14. MOTHER'S			Uer	, , , ,
Br	uce Kramer			Ru	ıth Klei	in		
15. Was Deceased	Ever in U. S. Armed Force) (II yes, give wor or dates	es?	1 6. SOCIAL	17. INFORMANT			ADI	DRESS
(1 capillo of olikilowii	yes, give wor or dures	of services	173-32-3825	Mr. Jack	M. Levan	, 4309 A1a	an Driv	re 21229
DISEASES Conse to the UNDERLYING	nol mean the made of asthenia, etc. Il means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.	the disease, death.) any, giving stating lhe	(A) IMMEDIATE CAL DUE TO, OR AS (B)	A CONSEQUENCE	ÓF:	disease		
✓ DISEASE OR C	H BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION 198 CONC.	HON FOR	WHICH OPERATION	20A. AUTOPS		B. IF YES, WERE F	INOINGS CON	ISIOERED
THE COLUMN		DKWEO		İ	""	CERTIFYING CAU	ISES OF DEAT	н7
OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF	21 B. ham etc.	PLACE OF INJURY (e.g., in te, form, factory, street, of	or about 21C. Wifice bldg., INJURY	TERE OLO OCCURT	(If In Baltimare	City, give exo	cf lacation)
0 210 TIME	(Month) (Ooy) (Yearl	(Hour) 21 E	INJURY OCCURRED	21F. HO	W OLO INJURY	OCCUR?		
S OF INJURY (APPROXI		Wh	ile Af Not While					
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	last saw the deceased							
						n(my) (aur) apin	ian death ac	curred an the dat
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234. 3108 410	· RC		Dhan	nding Me	ed. Staff	B	23 B. OATE SIG	-69
23C. PHYSICIA NAME (T		ms,	M.D.	23D. A OORESS	es Hospi		2 /0	
24A BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY OF CRE		24D. LOCA		, town, or cou	ntyl (Stotel
Buria1	5-13-196	0	udon Park Ceme			more, Mary		,. (*********************************
	BY HEALTH OEPT.		OF REGISTRAR	25C. FUNERAL	OIRECTOR .	more, Par		OORESS

MA VS 150-REV. 1/1/68

Loudon Park Cemetery Baltimore, Maryland

256. NAME OF REGISTRAR

25C. FUNERAL OIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave. 21229

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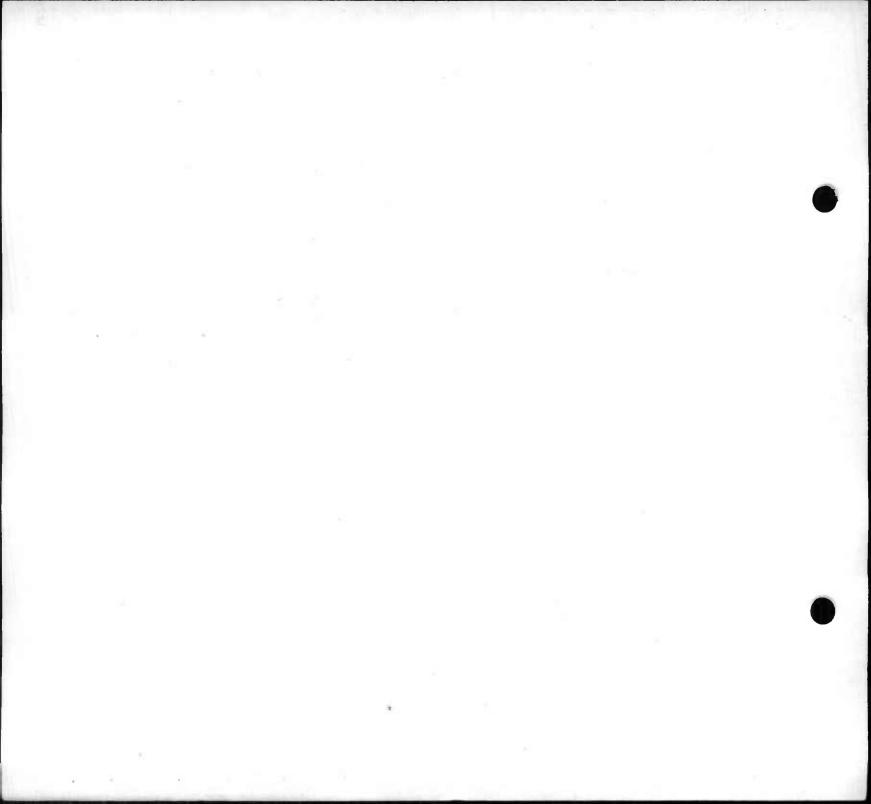
physician was

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) GENTRY MARY 13/69 D 4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF MARYLAND HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES X NOF MEMORIAL HOSP UNION E. STREET AND NUMBER 2210 LOUISE 5. SEX 6. RACE 9. AGE (In years 8. DATE OF BIRTH Il Under 1 Yr. 7. MARRIED E NEVER MARRIED Hours w WIDOWED DIVORCED T 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of loreign country) done during most of working life, even if retired) 45 NEW VERSEY HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME * PERROWESS James Cahill CAROLINE 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wor ar dales of service) 6. SOCIAL SECURITY NO. No 7-26-1693 CAUSE OF DEATH Ave. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH AC. MYOCARDIAL 1d. (A) IMMEDIATE CAUSE INFARCT (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ASCVD DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) sloting the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, affice bldg., INJURY OCCUR? (il in Boltimore City, give exact location) MEDICAL DEATH (notily medical exomined 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR OF INJURY Not While While At (APPROX) 22. I certify that (i) (this haspital) ettended the deceased from that (1) (we) last sow the deceased alive on. and have and from the causes stated above. (1) (We) ((did) (did not) view the body after death. 238 DATE SIGNED Attending _ Med. 5/13/69 Director

If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? Balto. JAPAROXIMATE INTERVAL and that In (my) (our) apinion death occurred an the date 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS MEMORIAL HOSP CHARLES 2 BROWN MD UNION 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 69 Holy Redeemer Cemetery Baltimore 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Techard Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/68



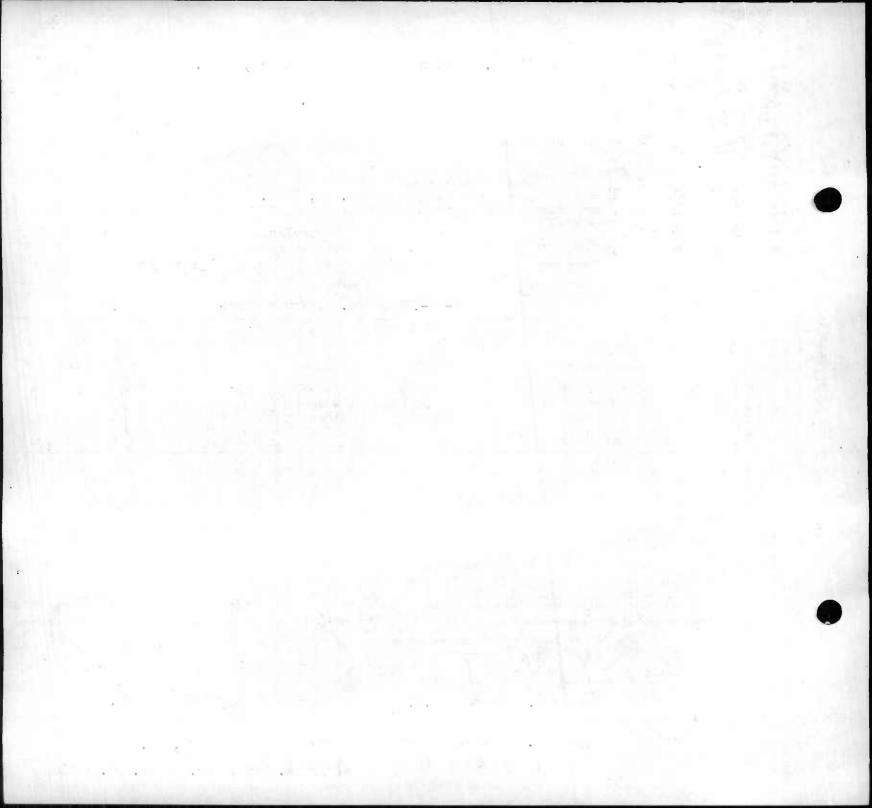
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1000	BALTIMORE CITY HEALTH DEPARTMENT
59	4967	CERTIFICATE OF DEATH

EG. NO.	69	4967

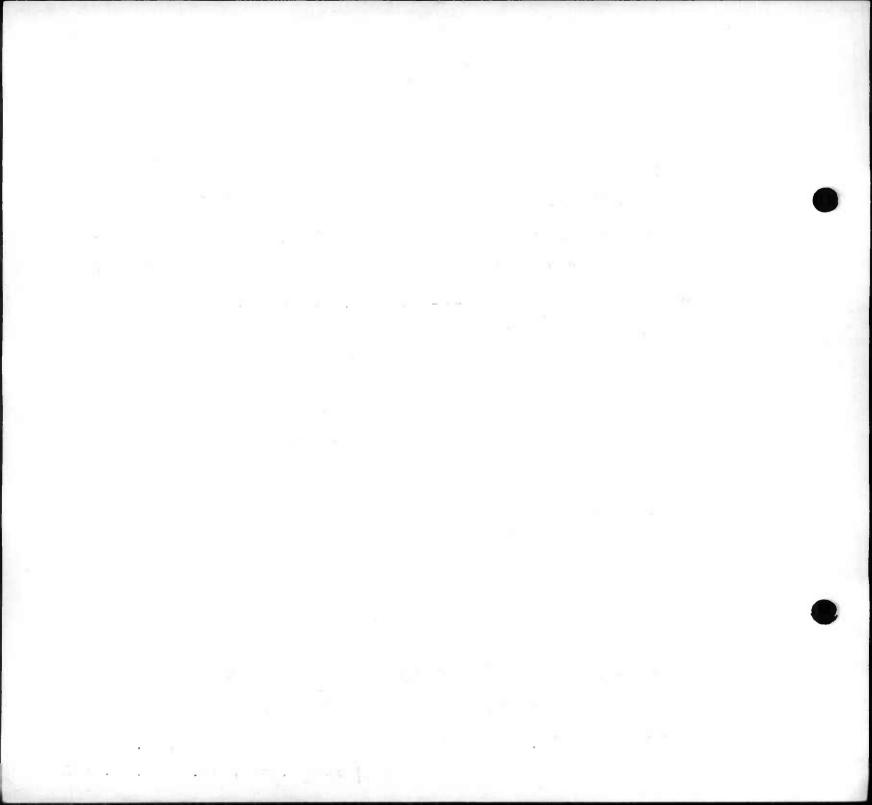
(Type or Print)	Elizal	beth G.	Wroten			L, 1969.	1	
3. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOUI	NCED DEAD	4. USUAL RE		re deceased lived.	If institution: resid	dence before odm
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET		ſd.		2	7-41
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5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF 8		9. AGE (In years lost birthday)	If Under 1 Months: Do	Yr. II Under 2
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	UPATION (Give kind of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or fore	ign country)	12. CITIZEN	OF WHAT CO
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13. FATHER'S NA				14. MOTHER	S MAIDEN NA	ME		
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	Ever in U. S. Armed Fo		6. SOCIAL	17. INFORMA				DDRESS
No	yes, give wor or dor	CO OF SCIVICE	213-12-0329A	Mrs. Ge	rtrude	Gerst	(Sam	ne)
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital an the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the wint to death. Succeased prior to death. Succeased prior to death.
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69 4968 BAI	LTIMORE CITY	HEALTH DEPARTMENT	
	ERTIFICA	TE OF DEATH REG	NO. 69 4968
I. NAME OF DECEASED		2. DATE AND HOUR OF	
CType or Print BONA COSCIA: SIL VIC.	Jascoh	5-12-69	10 30 km.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	EAD	4. USUAL RESIDENCE (Where deceased I	lived If institution residence before admission
		A. STATE B. COUNTY	1 M F M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	VE STREET	Maryland	21-51
[INSTITUTION .		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
UNION MOM. HOST	7	Ballo.	YES NO
11 03/		E. STREET AND NUMBER	C
		2823 alvarod	a square
5. SEX 6. RACE W. 7. MARRIED NEVER	MARRIED	8. DATE OF BIRTH 9. AGE (In y	eors Under 1 Yr. Under 24 Hrs. Months Doys Hours Min.
	DIVORCED [12-28-00 lost birthdoy)	₹ 68
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even it retired)	OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. GITIZEN OF WHAT COUNTRY
RETIRED Pastry Chef		17111	Italy
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1 carly
Umberto Bonacoscia			ogia Dalliamania
			ezia Pelligrenie
(Yes, ng or unknown) (III yes, give war or doles of service)	ELTY-NO	17. INFORMANT	ADDRESS
110-0	323871	Mrs. Anna Bonacoscia	(Same)
18. 1 6 7 0 1 CAU	JSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		D	BETWEEN ONSET AND GEATH
LEADING TO DEATH		- Kinga amos	7
II ILINIS GOES DOI MEON THE MADE AL DVING. A.A. 177	DUE TO, OR AS	CONSEQUENCE OF:	87
heart toilure, asthenia, etc. It means the disease, injury or complication which coused death.)			
ANTECEDENT CAUSES	D	an Marke	
(8)	pecceci	aray reels	laris CA
DISEASES OR CONDITIONS, it any, giving iso to the above cause (A) stoling the	DUE 10, OR AS	A CONSEQUENCE OF:	7 12
UNDERLYING CONDITION lost. (C).	of ex	leasing peure	water CA
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O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	severe	cache sia	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		- Cache sea	***************************************
19A-DATE OF OFERATION 19B CONDITION FOR WHICH OPE	ERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
A A DAME		100	ING CAUSES OF DEATH?
OR CONTRIBUTING TICALIST OF	INJURY (e.g., in	or about 21 C. WHERE DID (II In	Boltimore City, give exact location)
BEATH (notily medical examine) Ale			
DEATH (notily medical examine) 21D.TIME (Month) (Doy) (Year) (How) 21E INJURY OF INJURY		21F. HOW DID INJURY OCCUR	
[[APPROX.]	Not While		
Work	THE TOOK		
22. I certify that (I) (this hospital) attended the decease	ed from	19 6 9 to	3-12 1968
that (1) (we) last saw the deceased alive on	5-/	2 19 69 and that In (my) (c	our) apinion death occurred an the date
and haur and from the causes stated above. (1) (We) (did	d) (did not) vi	ew the body after death.	
23A. SIGNATURE			23B, DATE SIGNED
meuremon & Capor	t Ry Atten	ding Med. Staff Phys.	5-12-69
23C. PHYSICIAN'S NAME (Typel	DEGREE 119	D. ADDRESS	1.09
		11 11	
BIENVENICO B. (APA) 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEA	DEGREE	UM 14	
REMOVAL (Specify)	METERY OF CREA		(City, town, or county) (State)
Burial 5/16/69. Holy Rede		etery Baltin	more, Md.
25A. DATE REC'D BY HEALTH DEPT. , 258, NAME OF REGISTRA			
T= 1202 () 0, 00, 3	Ball Man	Leogard J. Ruck, Inc.	e. Balto. Md. 21214
VS 150-REV. 1/1/68			



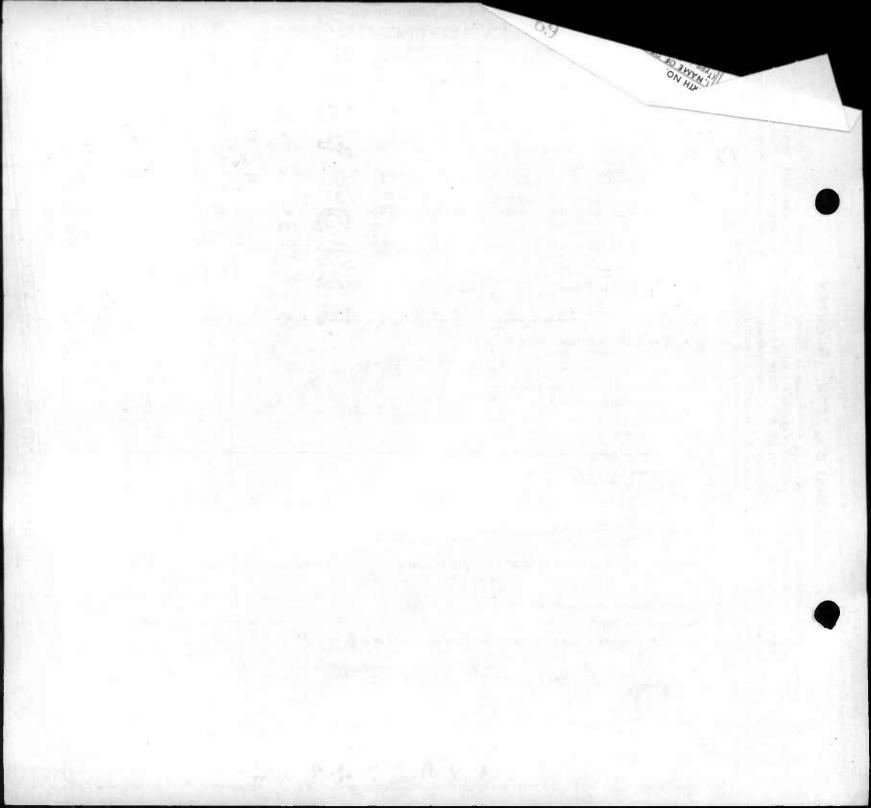
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BIRTH NO.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							REG. NO)	100	<u> </u>
I. NAME OF DECE	ASED					2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Type or Print) ROBE	ERT		HA	RDY	FORE	OF DEATH	Estimoted V	May	8	1969		M.
4. PLACE IN BALTI		ARYLAND, WI				3. DATE		Month	Doy	Yeor	Ноог	
FULL NAME OF	(IF NO	T IN HOSPITAL	OR INS	OITUTIO	N, GIVE STREET	PRONOU	NCED DEAD	Mav	1.0	1969	1:30	D P. M.
OR INSTITUTION	ADDK	ESS OR LOCATI	ION)			5. USUAL RE	SIDENCE (Whe					
n-14	D 4	HT - t	2 311			A. STATE			B. COUNTY	2	-1	2
	7. RACE	"Interp		. [C. CITY OR	yland		D INISIDE	CITY LIMITS?	01	
				10000	NEVER MARRIED					-		
male	wh		WIDOW		DIVORCED L		timore			YES X	NO 📙	
9. DATE OF BIRTH		10. AGE (In lost birthdoy		If Unde Months	er 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET A	ND NUMBER					
7/5/27		41	'			102	9 East B	altimore	e Stre	et		
1. BIRTHPLACE (Sto	ote or forei	ign country)			IZEN OF	13. FATHER"	NAME					
North Caro	olina			WŁ	JAT COUNTRY?			Emory	Fore			
4A.USUAL OCCUPA	ATION (GI	ve kind of work 1.	4B. KIND	OF BU	SINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA					
one during most of wo	rking life, e	ven if retired)						To	u Cobl	_		
6. WAS DECEASED			FORCES	2 1	7 SOCIAL	18. INFORM	ANT	LU		ADDRESS		
Yes, no or unknown) (I)	7. SOCIAL SECURITY NO.			7 II.m.				
Unk.					Unk.		r Funera	II Home,	Sanic			
19 9 11	19.				CAUSE OF DEA	TH						T AND DEATH
DISFASE	OR CON	DITION DIREC	TLY		Drowni	na						
	EADING TO				(A)IMMEDIATE							
DISEASES OF	TECEDENT R CONDIT ABOVE CA	ONS, IF ANY,	h.)		(B)	AS A CONSEC	UENCE OF:	والمستعدد المستعدد ا				
<u> </u>					(С/							
O THE DEAT	TH BUT NO	II ONDITIONS CO OT RELATED TO T IN GIVEN IN PA	HE TERM	INAL								\$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$
20A. DATE OF					HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Y	es or No)
5											Yes	
₹ 22Å. FXTERN	IAL CAUSE	: NA/A S		22R DI	ACE OF INJURY(e.g.,	in or chaut 2	C WHERE DIE	/If in Rollimor	City give a	voct location)	162	
UNDERLYING TO CAU	OR CON	NTRIB- ATH.		hom e, f	orm, foctory, street, office harbor	e bidg., etc.) If	harbor	(end of	Pier .	. 4	-01	
OF INJURY (APPROX.)	Month) (5/8/6	(Doy) (Yeor) 59 []	NK (Hou		ILE AT NOT AT V	WHILE XX	into w	njury occu ater ac	Su	oj. pre	sume	dly fe
23.	5,0,0											
I certif	y that I i	held on In	quiry [nspection AL	tapsy X	and that on	this basis,	death in m	y apinian		
resulte	d from	Natural caus	es 🗍	_Acc			micide 🗌	Undetermin	ed manner			
	//	1 -	19		}		HIEF MEDICAL					
ACTUAL	///	GUN	17/	7.0	1	ASSIS	TANT MEDICAL		TXI.		DATE S	IGNED
SIGNATUR EXAMINER NAME (Tyr	R'S	Werne	r.J.	Spi	M.D.).	CIATE MEDICAL			5	/13/	69
24A. BURIAL CREMA		24B. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 240	LOCATION	(City, to	wn, or county) (State)
REMOVAL (Specify) Burial		5/16/6	9.		. Andrews (ee Coun				
25 A. DATE REC'D B	Y HEALTH	DEPT.	25B. N	AME O	F REGISTRAR		UNERAL DIREC			ADDRESS		.)
MA	Y 14	1969 (Lo Ose	20	" Hongrey"	Leon	ard J. R	uck, In	c. Bal	to. Md.	212	14

HETE SETTINGUESE LEVEL SETTING THE CASE IN The Market Committee of the Committee of

FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hosp the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause	or his assistant if death occurred in a hosp
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) D	e of any kind; (4) Undetermined cause; (5) D.
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance	nounced death was in regular attendance
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death	attendance on the deceased prior to death
written approval must be obtained before the remains are embalmed or final disposition is made.	med or final disposition is made

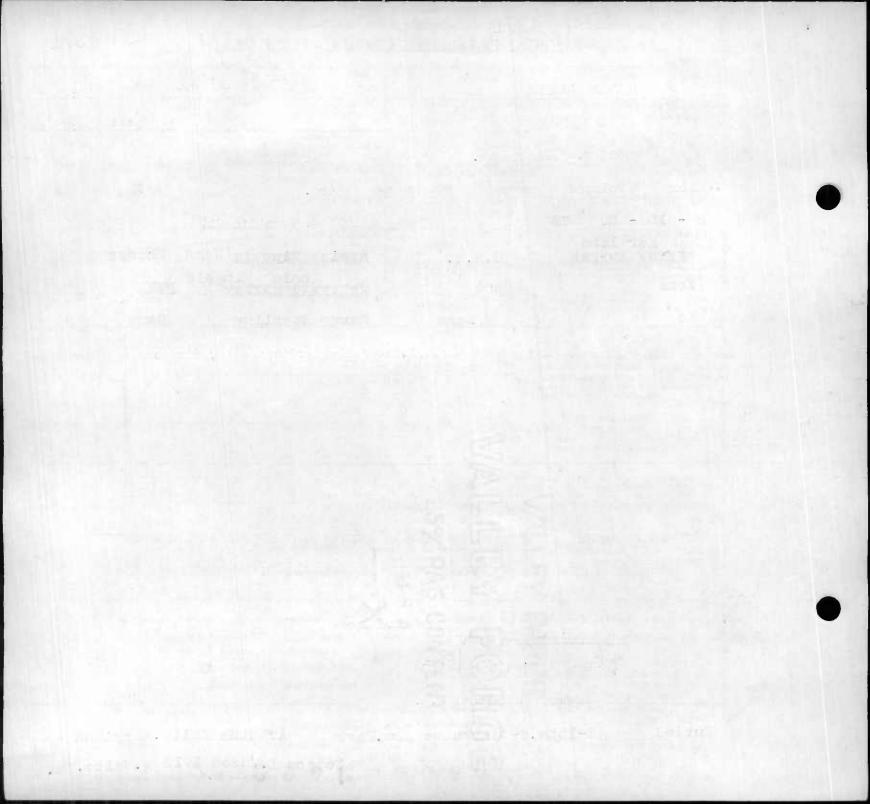
CERTIFICA	ATE OF DEATH
AECEASED.	2. DATE AND HOUR OF DEATH
JAMES CANTY	5/14/1969 5. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE 8. COUNTY
The state of the s	MALYLAND 15-06
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
LAKE DRIVE NURSING HOME	BALTIMORE YES NOT
	E. STREET AND NUMBER
2401 EUTAW PLACE MD 21217	3021 WALBROOK AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	7151
Truck Drings	Manning, S. E. ast
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ellisto Conty	Clara Roberson
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	S. VII P. Jake Drive Not.
249-14-6773	H APPROXIMATE INTERVAL
18. 16.2. 1 CAUSE OF DEAT	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	O 1/ A.
(This does not mean the made of dying, e.g., (A)IMMEDIATE CA	A CONSEQUENCE OF:
hearl lailure, aslhenia, etc. II means the disease,	A SOME GOVERNOR ON
	Nous of the law = hot the
DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS	NO MA OF the hung. = helatore
rise to the above cause (A) stating the	A CONSEQUENCE OF
UNDERLYING CONDITION last. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	166
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION WAS PERFORMED 1218. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	- Later Dip Charles Dip Charles Con Later Con
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	in or obout 21C. WHERE DID (If in Bultimore City, give exoct location) ffice bldg., NJURY OCCUR?
DEATH (notify medical examiner)	
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not White At Work	
22. I certify that (I) (this hospital) attended the deceased from	5/14 1969 to 4/14 1969.
that (1) (we) lost saw the deceased alive on 5/14	19 69 and that in (my) (aur) aplnion death occurred on the date
ond hour ond from the couses stated above. (1) (We) (did) (did not)	238. DATE SIGNED
(1)	ending Med. Stoff
DEGREE Phy	rs. Director L Phys. L
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 1-713 DELLIDOR PLAT PIKWY BARRAUPE
MARCELINO F. ALBUEILNE DEGREE	1.5 113 Caron double
24A. BURIAL CREMATION, 24B. DAJE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Busial 5/19/69 mt 1. hu	in Daltimore ml
25A. DATE REC'D BY HEALTH DEPT. / 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
25A, DATE REC'D BY HEALTH BEPT. 258, NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS



8-452

69 4971 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 4971

BI	RTH NO.										REG. IV	0	
1. NAME OF DECEASED						2.	DATE	Known 🔀	Month	Day	Year	Hour	
(14	pe or Print)	LAURA	BARN	NES				OF DEATH	Estimated [5	12	69	10:05 am.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PRO	UONC	NCED DEAD	3.			Month	Day	Yeor	
	LL NAME OF	(IF NO	TIN HOSPITA	AL OR INSTIT	TUTION	, GIVE STREET		PRONOL	JNCED DEAD	May	12	. 1969	9 10:05 am.
	SPITAL	ADDRE	SS OR LUCA	(IION)			5.	USUAL RI	ESIDENCE (Whe		lived. If Institu		e before admission)
	00	1039	W. Fra	m 1:1 : m	C.L		A.	STATE	37 1	•	B. COUNT	Υ	16-01
6	SEX	7. RACE	W. FIS				1	CITY OR	Maryland	1	D INSIDE	CITY LIMITS	20-01
				B. MARRIE		NEVER MARRIED					0. 1145100	_	
	emale	Colc		WIDOWE		DIVORCED L			lto.			YES X	NO L
9.	DATE OF BIRTH	1	10. AGE (In	n years	If Unde Manths	r 1 Yr. If Under 24 Hrs. Days , Hours , Min.	E.	STREET A	ND NUMBER				
	8 - 15	- 89	79					1038	B W. Fran	nklin S	t.		
11.	BIRTHPLACE	ar VIa	n country)	1:		ZEN OF AT COUNTRY?	13	. FATHER'					
		XXBar			IJ S			A RINA	EXXXX	रलरेले :	John	Barne	g
144	USUAL OCCU	PATION (Giv	e kind af wark	14B. KIND	OF BU	SINESS OR INDUSTR	Y 15	. MOTHE	R'S MAIDEN N	AME			
QOI	None	orking life, ev	en irretired)	N	one			Care	Annie	Ring	sord a		
16.	WAS DECEASE	ED EVER IN	U.S. ARME	FORCES?		7. SOCIAL	1B	. INFORA	MANI	MARK.		ADDRESS	
(Ye	s, no ar unknawn) No	(If yes, give v	vor or dates	of service)		SECURITY NO.		Uoma	ore Cham	i i ma		Como	
-	19. / //					None CAUSE OF DEA	TH	narı	y Ster	TIME		Same	APPROXIMATE INTERVAL
	410	1041											TWEEN ONSET AND DEATH
	DISEASI	E OR COND	ITION DIRE	CTLY		Arterios	:16	erotic	cardio	rascula	r dise	ase	
		LEADING TO				(A)IMMEDIATE	CAU	SE					
	heart failure,	at mean the osthenia, etc	. It means the	e disease,		DUE TO, OR	AS A	CONSEQ	UENCE OF:				
	injury or con	plication whi	ch coused de	oth.)									
	ΔΛ	NTECEDENT	CALISES			(n)							
	DISEASES C	OR CONDITI	ONS. IF ANY	Y, GIVING		DUE TO, OR	AS	A CONSEC	QUENCE OF:				
	UNDERLYIN	ABOVE CA	USE (A) STA ION LAST.	TING THE									
S						(c)							
F	OTHER SIGN	FICANT CON	II	ONTRIBITI	NG								
0	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERMIN									
CERTIFICATION	20A DATE OF	CONDITION			OP W	HICH OPERATION W	AC	DEDECTOR	ED			21 411	TOPSY? (Yes ar Na)
SER	DAIL OF	OFERANOI	200. CO	MUIION	OK W	TICH OF ERAHON W	MJ	FERFORM				21, 501	Orate (res as ita)
AL	1												IEAD
S	UNDERLYING	NAL CAUSE				ACE OF INJURY(e.g., arm, factary, street, office					are City, give	exoct locotian	1)
EDIC,	UTING CA												
Σ	OF INJURY	(Month) (D	Doy) (Yea	r) (Haur)	22E.	INJURY OCCURRED		2	2F. HOW DID I	NJURY OCC	UR?		
	(APPROX.)				m. WHI	RK NOT							
	23.						-						
	1 cert	ify that I h	eld on I	nquiry []	nspection 🗌 Au	tap	sy XX	and that an	this basis	, death in	my apinian	
	result	ed fram: N	latural cau	ses XX	Acc	ident Suici	de	Ho	micide	Undeterm	ined mann	er 🗌	
		VI	1		,	1			CHIEF MEDICAL				
	ACTUAL	*X	ms	7-1	1/	1/54			STANT MEDICA				DATE SIGNED
	SIGNATU			0 1	/	M.C).						
	EXAMINI NAME (T		77.1	1 17 17	7.11	- M D		ASSO	CIATE MEDICA	LEXAMINER		E /10	160
24	A. BURIAL CREA		EGWAY 24B. DATE	a F. W	24C.	On M.D.	10	CREMATO	ORY 241	. LOCATIO	N (City, 1	5/12 lown, ar caun	
RE	MOVAL (Specif										(,,		(/
-	Burial		5-15t			rbutus Mer	n.		Ar	butus	Balt	o.Mary	rland
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	ME O	FREGISTRAR	. 9		FUNERAL DIREC	TOR		ADDRESS	
	M	11 15	1969 (Jiple:	Vi	, Jankey P	10	St	etson I	WI BO	n 191:	3 W.Ba	alto.St.
VS	151-REV. 1/1/68		ENCHENNA.		-	7 1 4		1 4	3 0	Silley	do	C) lla	~ ~~
10	1 - 1 - 11 to 7 : 1/ 1/00												

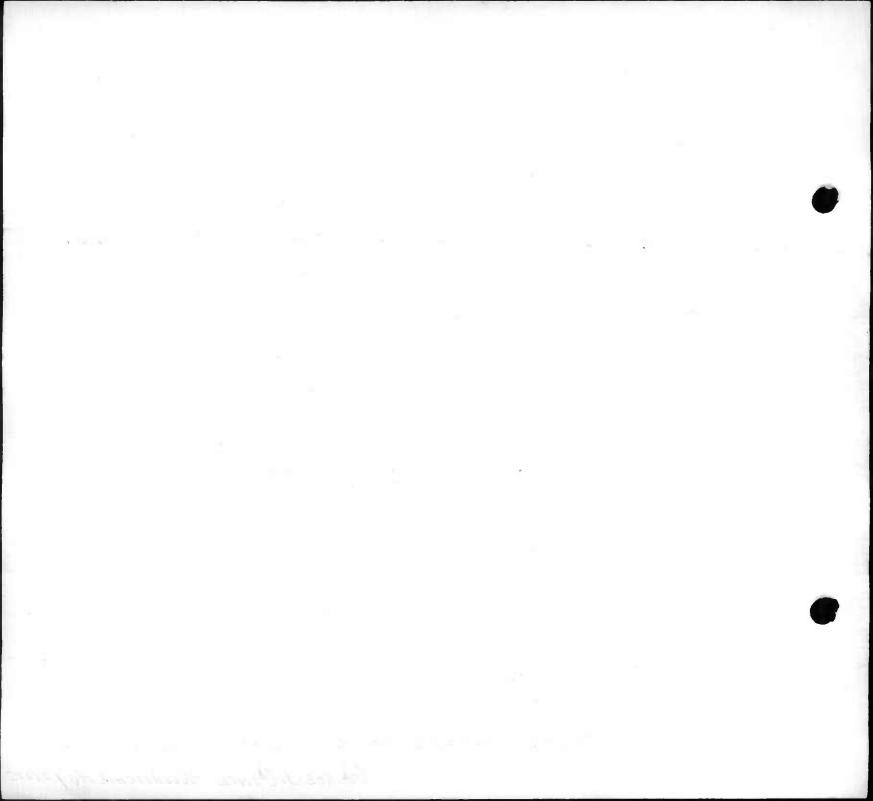


1.1 (Ty	RTH NO. NAME OF DECEASED NOTE AND May 9 1969 1 7:55	
FL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admiss) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
	THE JOHNS HOPKINS HOSPITAL	LOTHIAN YES NO TO
	Fi Coucasin WIDOWED DIVORCED	11-11-38 Oss-Distribution Months Days Hours Min
dor	A. USUAL OCCUPATION (Give kind of work 108, KIND ()F BUSINESS OR INDUSTR ne during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUN Pull Polis Md USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15.	ROBERT L. MORELAND Was Deceased Eyer in U. S. Armed Forces? 116. SOCIAL	EDITH PARKS
(Ye	s, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Robert Moveland Lothidy Ma
7	injury or complication which caused death.) ANTECEDENT CAUSES	S A CONSEQUENCE OF:
ICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 1994-DATE OF OPERATION 1998, CONDITION FOR WHICH OPERATION	2 tes melli tus.
ERTIFIC/	WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., form. foctory, street, company forms, form. formy, street, company forms, form, f	IN CERTIFYING CAUSES OF DEATH?
U	DEATH (notify medical examiner) etc.) 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	
DICAL C	OF INJURY (APPROX.) While At Not White Work At Work	-
MEDICAL C	OF INJURY (APPROX.) While At Not White At Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive on 9 Many	19 67 to 9 May 19 69 19 69 ond that in(my) (too) opinion death occurred on the d
MEDICAL C	OF INJURY (APPROX.) While At Not Whi At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S	Ile May 19 67 to 9 May 19 67 19 69 ond that in(my) (toor) opinion death occurred on the deview the body after death. 238. DATE SIGNED Phys. O'May 69
MEDICAL C	OF INJURY (APPROX.) While At Not Whi Not Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did not) 23A. SIGNATURE DEGREE Att DEGREE ATT DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE Att DEGREE ATT DE	ending Med. Director Phys. Director Director Down Stoff

death occurred on the date DATE SIGNED wn, or county) (Stote) writte 25A. DATE REC'D BY 258. NAME OF REGISTRAR HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS 1969 VS 150-REV. 1/1/68

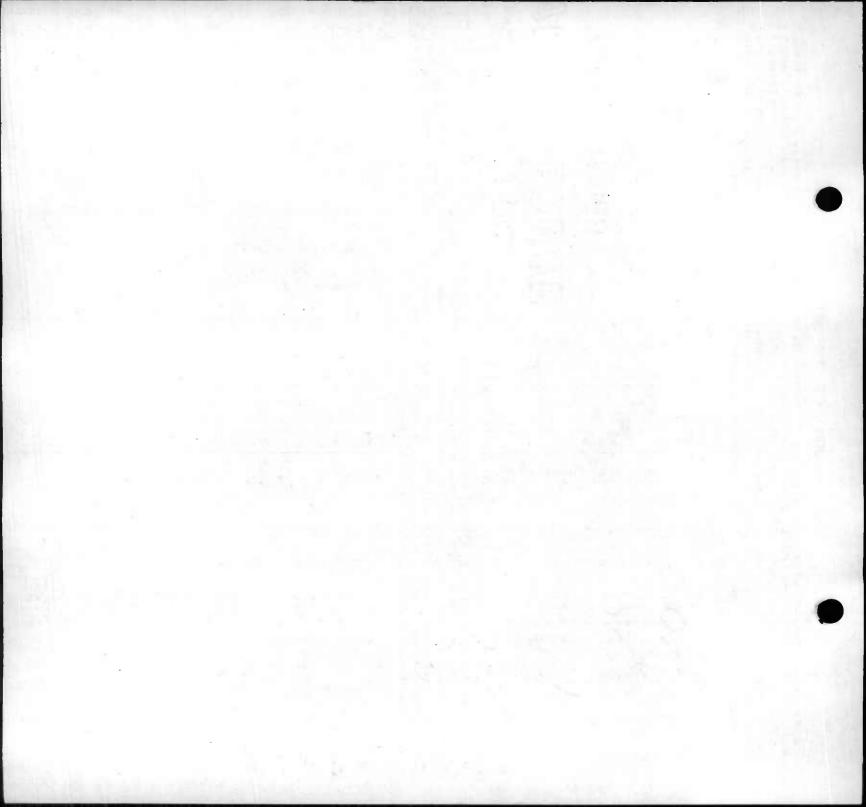
VS 150-REV. 1/1/68

		69	497	1.5	HEALTH DEPARTMENT		00 4020
1	H NO.		101	CERTIFICA	TE OF DEATH	REG. NO	69 4973
	ME OF DEC	BLEDS	08,	SADIE		D HOUR OF DEATH	1 1/2
3. PL	ACE IN BAL	TIMORE MARYLAND, W	HERE PRONC	DUNCED DEAD			stitution: residence before admission)
FULL HOS INST	NAME OF	IIF NOT IN HOSPIT.	AL OR INSTITUTION)	TUTION, GIVE STREET	MARY L		23-03 DE CITY LIMITS?
		of Baltin	are G	senore!	E. STREET AND NUMBER		YES NO
	43.			Hospital.	1842 L	ight Ji	
5. SE	7	6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	3-23-1960	9. AGE lin yeors lost birthdoyl	Months Doys Hours Min.
IOA, L	JSUAL OCCU	 PATION (Give kind of work vorking life, even if retired)			11. BIRTHPLACE IState or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Housev	rife	Но	me	Maryland		U.S.A.
13. FA	ATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	ME	
		Shildt			Unknown		
	4 4	Ever in U. S. Armed Fore	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No.			166-12-7/152	James Bledsoe	Same	
'	8. HOSEAS	FOR CONDITION DIE	TCH V	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	ECILI	(A)IMMEDIATE CAU	" Pulman	any Ged	Leven hours
	eort failure.	al mean the made of asthenia, etc. It means	the disease.	DUE TO OR AC	A CONSEQUENCE OF:		
i		plicolian which caused	death.)	Con	line and	my lunie	ec.
,		NTECEDENT CAUSES R CONDITIONS, if		(B)	A CONSEQUENCE OF:	0	
i n	ise Ia Ihe	above couse (A) CONDITION lost.	sloling the	(c) VV	so condial	Infaction	in, home
		11		- arterio	ecleration Li	Jan dorg	C 3
AH	O THE DEATI	CANT CONDITIONS COL BUT NOT RELATED TO THE ENDITION GIVEN IN PART	E TERMINAL	9-66	Stone	iverp	9
THE	A-DATE OF	OPERATION 198 CONI	DITION FOR	WHICH OPERATION	20A AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
	R CONTRIBU	T WAS UNDERLYING	hon	ne, larm, loctory, street, of	or about 21C. WHERE DID	(If In Boltimore	City, give exact location)
200		medicol exomined	etc.				
	ID. TIME IF INJURY APPROX.)	1Month 1Doy) 1Yeor)		INJURY OCCURRED Not While ork At Work	21F. HOW DID INJ	URY OCCUR?	
2	2. I certify	that (1) (this hospital)			2 am 5 9	1969 to 5	am 5191969
ti	not (I) (we)	lost sow the decease	d offve on	3° am 51	5 19 69 ond th	ot In (my) (our) opin	ion death occurred on the date
			ed obove. (l) (We) (did) (did not) v	lew the body ofter deoth.		
23	SA. SIGNATU	al to la	m 2n		nding Med. Director	Staff Phys.	23B, DATE SIGNED
23	NAME (Ty	rs pel No R	HA.	DEGREE	3D. ADDRESS		word Sr
24A.	BURIAL CREA	MATION 24B DATE	240 1	AME OF CEMETERY OF CRE			
n	REMOVAL IS	5-12-6					MARYLAND,
25A.	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR	BULHWA	ADDRESS
	MAI	19 1909	0.3	6 33 OF WI	GEORGE Y, G	ONCE 4001	RITCHIE HGY, 2122



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

69 4974 BALTI	MORE CITY HEALTH DEPARTMENT							
69 4974 CFR	TIFICATE OF DEATH REG. NO. 69 4974							
BIRTH NO.								
1. NAME OF DECEASED (Type or Print) MACY V. WILLIAM	2. DATE AND HOUR OF DEATH 5-13-69 311/ P. M.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE 8. COUNTY							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN BALTO. D. INSIDE CITY LIMITS? YES NO							
3/ MERCY HOSPITI								
5. SEX 6. RACE 7. MARRIED NEVER M	ARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.							
FETT ALE NEGRA WIDOWED DIV	ORCED 34/4 10, 1900 68							
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS O	R INDUSTRY 11. BIRTHPLA OE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY?							
done during most of working life, even if retired) Houseur fe	MD. U.S.A							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
JOAN RICE	KEBFERA THOMAS							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURIT	17. INFORMANT ADDRESS							
NA SECONI	Mrs Florence Wilson 3116 Fairveis Ry							
18. 7 4 0 9 CAUSI	OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH	MEDIATE CAUSE KENAL FAILURE 10 d.							
	E TO, OR AS A CONSEQUENCE OF:							
injury or complication which caused death.)								
ANTECEDENT CAUSES IN ARTGRIOLAR NGPHROSCLEROSN								
DISEASES OR CONDITIONS, if ony, giving	E TO, OR AS A CONSEQUENCE OF:							
rise to the obove couse (A) stoling the	DIABETES METHITUN You							
UNDERLYING CONDITION lost. (C)	- Constitution of the state of							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	2. O. L. D. & pulm hyperleasin							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER.	ATION 20A. AUTOPSY (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES, OF DEATH?							
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF II OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) etc.)	NJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) by, street, office bldg., INJURY OCCUR?							
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?							
₩ OF INJURY (APPROX.) While At	Not While							
Work C	At Work 4/30 69 1/13 60							
22. I certify that (1) this haspital) attended the deceased	from 19 to 19							
that (1) (we) last saw the deceased alive an	and that in (my) (aur) aplaian death accurred an the date							
and howr and from the causes stated abave (1) (We) (did)	(did nat) view the bady after death.							
23A AGNATURE	23B, DATE SIGNED							
Mr. Throw Molevaint	Attending Med. Staff Phys. Director Phys.							
23C.PHYSICIAM'S	23D. ADDRESS							
NAME (Type)	School Ph. Man Hann							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	DEGREE STATY. Phy MErcy 1805P ETERY of CREMATORY (24D. LOCATION (City, town, or county) (State)							
REMOVAL (Specify)	11 N (Store)							
Burial 3-17-69 Hrbutu.	e Mem Cem Hrbutus 119							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Ch 25C. FUNERAL DIRECTOR ADDRESS							
VS 150-REV. 1/1/68	The state of the s							

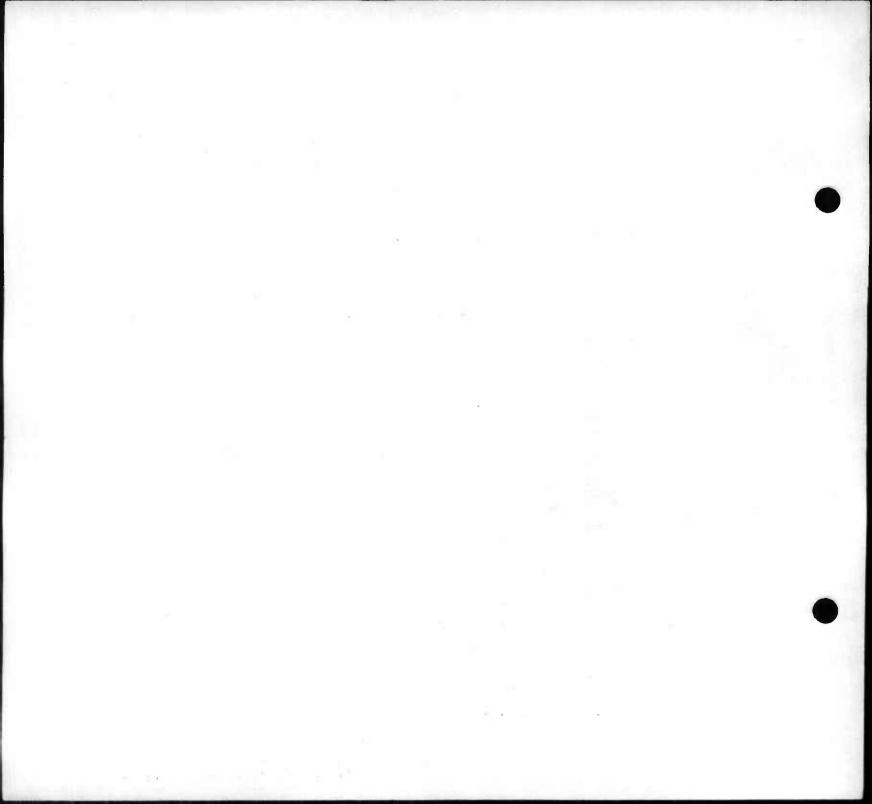


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IMPORTANT

DIRECTOR:

FUNERAL

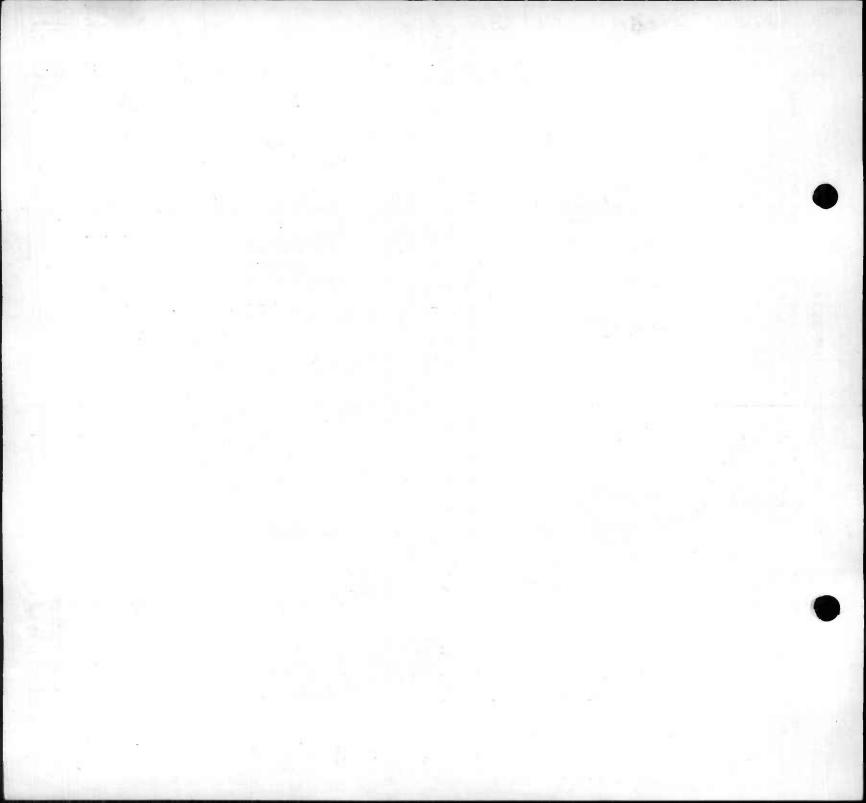


5-61

69 4976 BALTIMORE CI	TY HEALTH DEPARTMENT 69 4976
BIRTH NO. CERTIFIC	ATE OF DEATH REG. NO.
I.NAME OF DECEASED (Type or Print) ARIAN SAFRE	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3. 6:30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	maryland 11-05
INSTITUTION C. O. O.	C. CITY OR TOWN . D. INSIDE CITY LIMITS?
The ble of the St. Paul	E, STREET AND NUMBER
Mercy Abapetal & Paul S. SEX 66. RACE 17. MARRIED BY SILVER MARRIED BY	18 18 M. Calvert St. 2120.
WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI	The contract of Why Cooking
Homemaker	ONEIDA, PENNA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Koren	ANNA STAFURICK
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	MR. JOHN SHARP 1818 N. CALVERT ST
18. 2509 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ALEPHRAS CIERALIA MARINE
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES (8) DIA	BETES MELLITUS Vears
	S A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
7	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	PATIC CIRRHOSIS YEARS
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If In Boltimore City, give exect location) office bldg. INJURY OCCUR?
21D. TIME (Month! (Doyl (Year) (Hour) 21E INJURY OCCURRED While At The New	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi Work At Work	
22. I certify that (this hospital) attended the deceased fram	5/9/69 10 15 5/13/69 10
that (we) last saw the deceased alive an 5/13/6	P 19 and that in (aur) apinian death occurred on the date
and haur and from the causes stated above. (We) (did) (diame)	
23A. SIGNATURE	23 B, DATE SIGNED
DECESS Phy	ending Med. Stoff Director Phys. 9
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ALBERTO S. BARBEDO, MD	MERCY HOSP.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	(Sioret
BURIAL 5/17/69 ST PARRIET	Mc ADOO, PA
MAY 15 1969 A D D D	25C. FUNERAL DIRECTOR ADDRESS
/5 150-REV. 1/1/6B	DIN Means + In Fos-h Calvery O

SV. V. - 1130 15 A. A. 8 . mag y ma.n NETHERS CLERES I STIEN THABETES MELLITSS HETATIC CIKKHOLIS 20/2/5/0/5/1/5 Barles E, MP ALBERTO S BAKBED MP MEKY MI

69 4	977 BALTIMORE CITY	HEALTH DEPARTMENT		69 4977		
	CERTIFICA	TE OF DEATH	REG. NO	00 1011		
I. NAME OF DECEASED (Type or Print) CHRIS	STINE M. CURRY	17	10, 1969	11:45 p. M		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRESENTED TO SHEET OF THE PROPERTY OF T	NSTITUTION, GIVE STREET		re deceosed lived. If i	SIDE CITY LIMITS? YES X NO		
	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5/16/92	9. AGE (In years lost birthdoy) 76	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired) Housewife	at home	Czechoslova		U.S.A.		
13. FATHER'S NAME	ofron	14. MOTHER'S MAIDEN NAM				
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO. 214-12-4637	Mary E. Cufi	ry, dght.	above		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heeld lailure, osthenia, etc. It meens the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, gives to the above cause (A) stating UNDERLYING CONDITION last.	ving DUE TO, OR AS	LISE THE PLANT A CONSEQUENCE OF: A CONSEQUENCE OF:	Cardio- Pailure	D. Sylver		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE FERMI UNDESSED OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING [1]	NAL	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltima	ore City, give exoct location)		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While Mark Not While At Work 22. I certify that (I) (this haspital) attended the deceased fram						
that (I) we) last saw the deceased alive and hour and from the causes stoted above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Melvin	on // (did) (did nat)	ending Med. Director D	Shoff Phys. Lair Road	23B. DATI SIGNED		
Burial 5/14/69	OCCRETERY OF CRESCHERY OF CRESC	onal Cem. Ba	altimore,	Md. ADDRESS Home, Inc.		

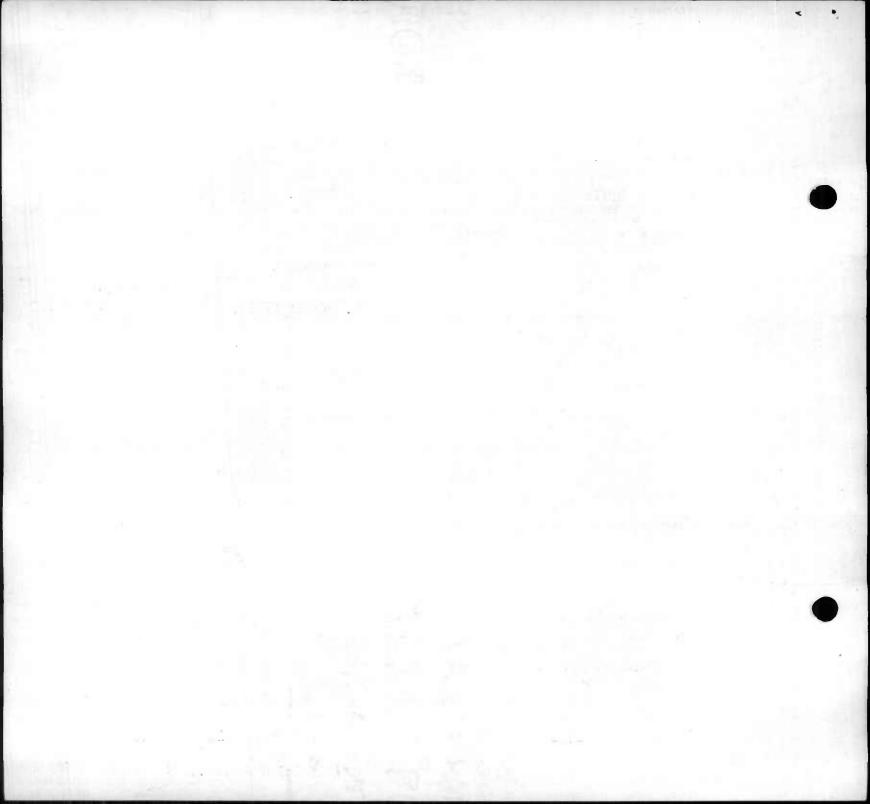


FUNERAL DIRECTOR: IMPORTANT

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

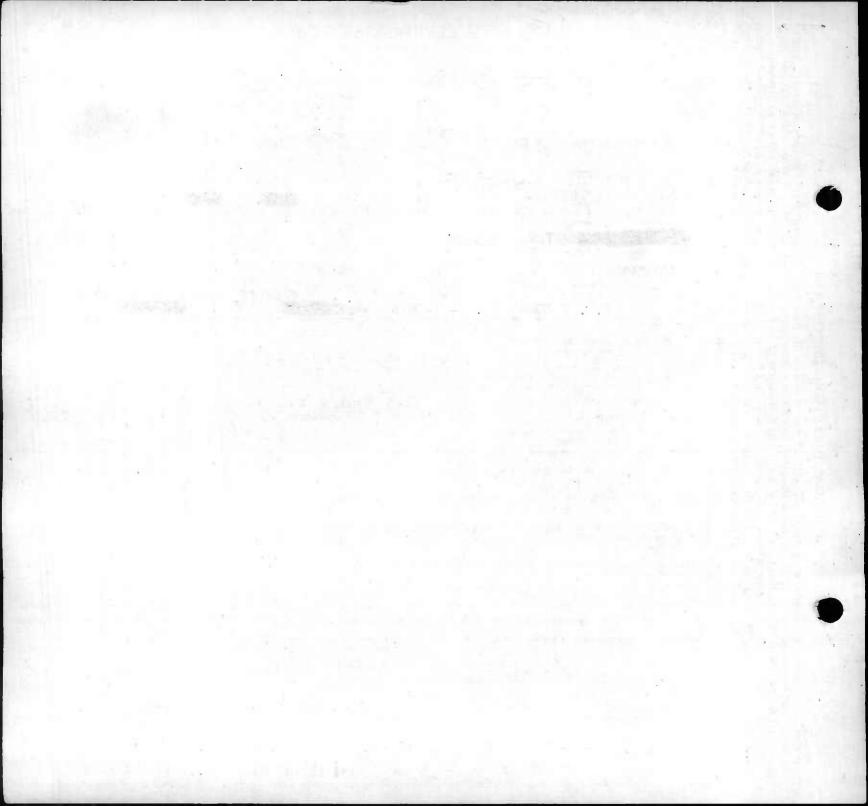
5-350 69 4978		HEALTH DEPARTMENT	REG. NO.	69 4978
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	7010
1. NAME OF DECEASED (Type or Print) Stein Irvin I		2. DATE	1 30 am	5-13-69 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD		nere deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MQ		15-12
INSTITUTION		Baltimore		IDE CITY LIMITS?
/ Sinai Itospital		E. STREET AND NUMBER		YES NO NO
Baltimore Md.		2449 Shi	deg Ave	
5. SEX MALE 6. RACE WHITE 7. MARRIED WIDOWED X	DIVORCED _	8. DATE OF BIRTH	9. AGE (In years tost birthdoy)	Months Doys Hours Min.
done during most of working life, even if refired) GROCER RETAI		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
UNKNOWN		UNKNOWN		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	ELKRIDGE	E ESTATES RIDGE COURT #21210
18.4/12 1/12/22/08	CAUSE OF DEAT		LIN, 7 OVER I	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF:	ż	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19B. CONDITION FOR WHI			***************************************	FINDINGS CONSIDERED
U 21 A. ACCIDENT WAS UNDERLYING 218. PL	ACE OF INJURY (e.g., i form, foctory, street, of	n or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
	At Not While At Work		NJURY OCCUR?	411
22. I certify that (1) (this haspital) attended the	deceased from	4-22-69	ta	5-13-65-19
that (1) (we) last saw the deceased alive an	3-1-5		and the same of th	lnian death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did nat) v	iew the body after death	1.	
23A. SIGNATURE Gian Caggiano 23C. PHYSICIAN'S	UD OEGREE Atte	nding Med. Director	Staff Phys.	238, DATE SIGNED 5-(3-69
23C. PHYSICIAN'S NAME (Type) Gian Caggiano		23D. ADDRESS Sinal		Balto MD. (Stote)
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY or CRI	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
	ISRAEL		ITIMORE, MAR	
5 1969 (1200 8)	Stribing & B	SOL LEVINSON	UE BROS., 601	O REISTERSTOWN ROAL



HF.	,
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be

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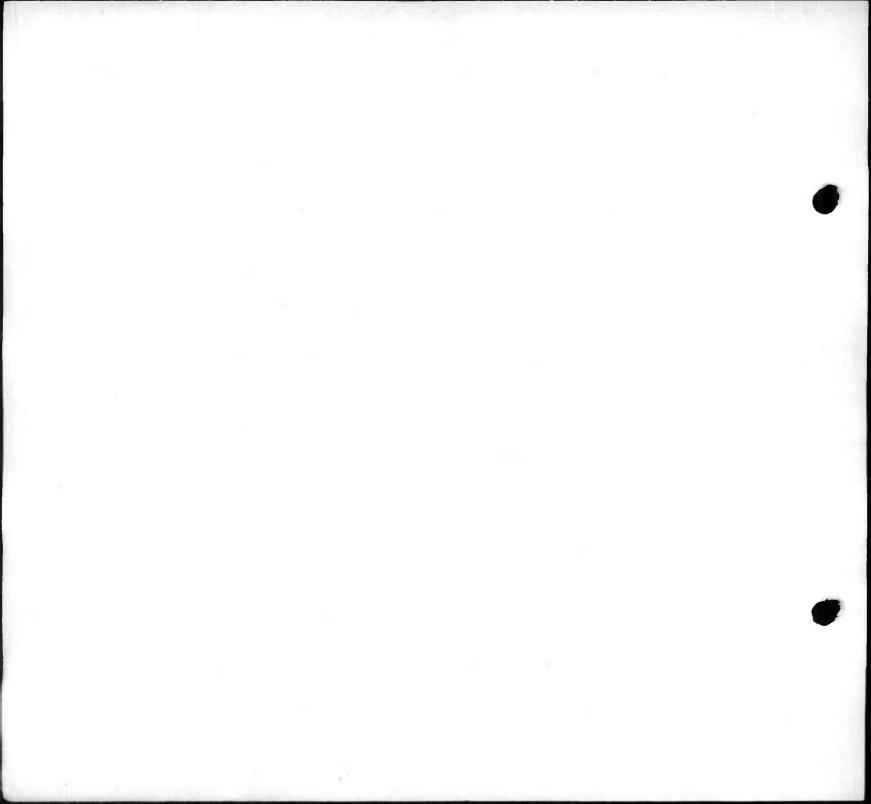
	BALTIMORE CITY	HEALTH DEPARTMENT		0.0	10840
V-126 69 49	O79 CERTIFICA	TE OF DEATH	REG. NO	69	4979
1, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	. ,	1 -1
CHARLES L	AUIS	S/ 6	deceased lived 16 in	stitution peridenc	a before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where B. COUNT	yeccasea iivea. Ii iii	smonon, residenc	1 0 1
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	2-06
NORTH CHARLES	CEN Alosy	BALILM	ORE	YES	NO
49	110-1	2917 Juilt	ard Au	e.	
	ED NEVER MARRIED	B. DATE OF BIRTH 1903/9	AGE (In years	If Under 1 Yr. Months! Doys	If Under 24 Hrs.
NALE WHITE WIDOW	/ED DIVORCED	2-/2-	66		
IOA, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF	F WHAT COUNTRY?
	LUMBER	N.Y. Oi	les	U.	S.A.
13. FATHER'S NAME	LUMBER	14. MOTHER'S MAIDEN NAM	E		
UNKNOWN		UNKNOWN			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service YES W.W. I ARMY	16. SOCIAL SECURITY NO. 053-07-4651	MRS CECLLE DAVI	s, 2917 GUI	LEORD AV	
18. / / 2 /	CAUSE OF DEAT	1			OXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 0	_	BETWEE	N ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE CANCEL	20 O+	lung	<
(This does not mean the made of dying, heart failure, asthenia, etc. If means the diserinjury or complication which caused deoth.)	DIJE TO OR AS	A CONSEQUENCE OF:			·
ANTECEDENT CAUSES	1117	the Gospan	alised		
	(B) OP AS	A CONSEQUENCE OF:	ruje a		
DISEASES OR CONDITIONS, if any, given is a latter above cause (A) stating UNDERLYING CONDITION last.	3	Metas	tasis		
II	(0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	NG				
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE I	FINDINGS CONS	IDERED ?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	n or obout 21C. WHERE DID	(If in Boltimor	e City, give exact	location)
	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
OF INJURY (A PPROX.)	While At While Not While Work At Work				
			1.9 m	1011	1.0
22. I certify that (I) (this haspital) attended	714		69 10 M		19.69.
that (I) (we) last saw the deceased alive	on ag	19 67 and tha	t in(my) (aur) api	nian death acc	orred on the date
and haur and from the causes stated above	e. (I) (We) (did) (did nat) v	iew the bady after death.		23B. DATE SIGN	NED
Admeria B. Far	/ Dh.	mding Med. S	haff hys.	Main	10.1969
23C. PHYSICIAN'S	MALA! UEGKEE!	23D. ADDRESS		1	1
Hame (Type)	Parelila	Manyll CAA	PIES 6	FILL	HOLP.
24A. BURIAL CREMATION, 24B. DATE 24G	C. NAME of CEMETERY OF CR	MATORY 24D. LO	CATION (C)	ty, town, or coun	tyl (Stote)
REMOVAL (Specify)		2.37		41.1110	
BURIAL 5-14-69 B	ALTIMORE, NATIONA		IMORE, MAR		DOBECC
25A. DATE REC'D BY HEALTH DEPT. 25B, NAM	AE OF REGISTRAR 1969	SOL LEVINSON &	BROS.,601	O REISTER	RSTOWN ROAD
VS 150-REV. 1/1/6B					



in.	-	adl.	>	2	1	
puo	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (1)	the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	9	1
Spital	ofo	Dece	CB ON	ath.		
a hos	Cause	se; (5)	ndan	to de		
ni be	ting	d cau	r atte	Drior		
CCULL	ntribu	mine	aulai	pes	mad	
ath o	Dr C01	ndeter	in re	deced	lion is	
if de	rect c	(4) Ur	Was	the	Sposi	
istant	he di	kind;	death	00 es	nal di	
is ass	5, if t	any	red	ndan	I or fi	
rorh	. Also	ure of	onour	r atte	almec	
mine	miner	fract	ho pr	gula	emp	
al exc	exa	(3) A	W ND	in r	ns are	
medic	edica	burns	hysici	n Was	s obtained before the remains are embalmed or final disposition is made.	
chief	E 0	Body	the p	ysicia	e the	
the	tal by	(5)	here	do oh	befor	
red by	hospi	natur	w tde	9	ined	
ppro	o the	any	(exc); and	e obtc	
st be c	sed t	ent of	spital	death)	ust b	
te mus	relec	accid	ta ho	or to	oval m	
tifical	y was	(1) An	D.A. a	d pric	appr	
nis cor	e poq	OWS:	was D.O.A. at a hospital	10000	written approval must be	
F	÷	S	3	ŏ	3	

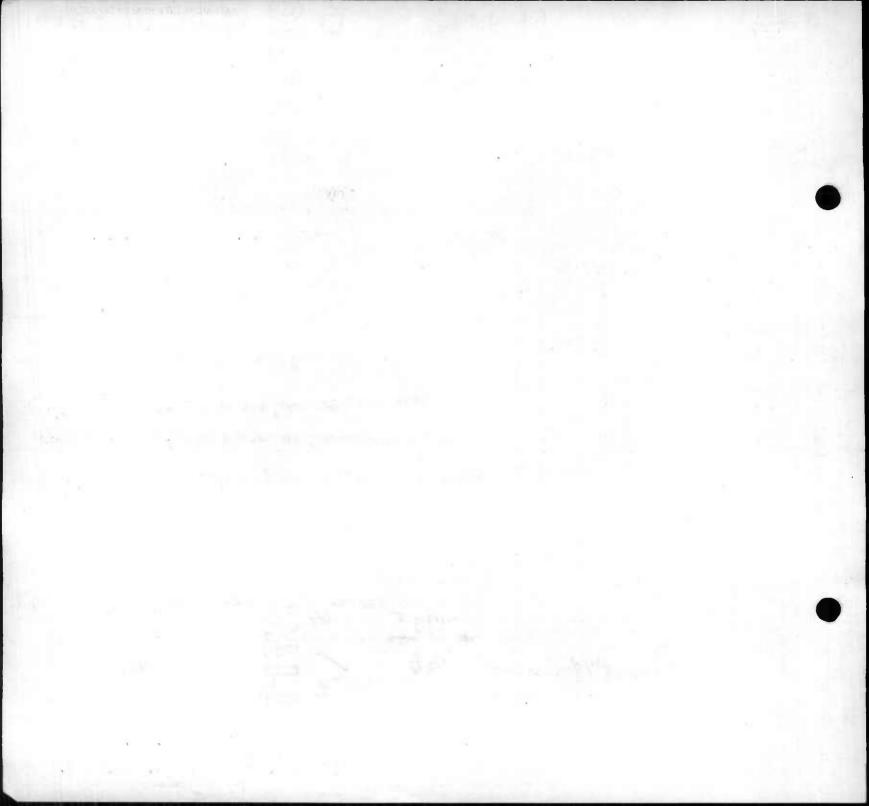
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) -12-3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed fived, If institution: residence FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES A NO rescy Hospital E. STREET AND NUMBER 4259 Nicholas Ave. 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years last birthdoy) · MARRIED X NEVER MARRIED Months; Days Hours; Min. Male White Jan. 14, 1893 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Engineer Railroad Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Fitch Margaret ? 15. Was Deceased Ever in U. S. Armed Forces? (Yas,na arunknown) (It yes, give war or dates at service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Mrs. Pearl Fitch, 4259 Nicholas Av. 705-09-1786 CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, osthenia, etc. 1) means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving ise to the obove cause (A) stoling the UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL BIL. DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTINO CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work Al Work 22. I certify that (1)(this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on____ MAY and haur and from the causes stated above. (14) (We) (did) (414-1111) view the body after death. 23A, SIGNATURE

BETWEEN ONSET AND DEATH and that in (m) (aur) apinion death occurred on the date 23B. DATE SIGNED Attending [Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NCIANO 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY or county) (State) REMOVAL (Specily) Burial 5/15/69 Baltimore Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Ullfich Funeral Home, 4210 Belair Road. VS 150-REV. 1/1/68



- 1	69 4981 BALTIMORE C	ITY HEALTH DEPARTMENT						
death death seased such Such	BIRTH NO. CERTIFIC	CATE OF DEATH REG. NO. 69 4981						
	1, NAME OF DECEASED (Type or Print) Elfred C. Joyner Sr.	2. DATE AND HOUR OF DEATH May 9, 1969						
Dec of ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A, STATE B, COUNTY						
Se Se Juc dea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland /6-05						
ing cause; (authorized cause); (authorized cau	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	0 0 2407 Harlem Ave.	Baltimore YES # NO L E. STREET AND NUMBER 2407 Harlem Ave.						
tribu mine gulai sed	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
con con ster cea cea	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS' done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
or nde de de de	Trucker B&O Railroad	Woodland N.C. U.S.A.						
was was he pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
e dire nd; (4 eath e on at dis	John Dock	Mattie Boone						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
isis kh d d fin fin	No	Mrs Edythe Wyatt 2407 Harlem Ave.						
any ced nda	DISEASE OR CONDITION DIRECTLY	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
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ono alm	hearl failure, asthenia, etc. It means the disease,	CAUSE PULMONARY FIBROSIST EMPHYSEM 12 10 YOUTS WINNER						
ner act pr pr ula	injury or complication which caused death.) ANTECEDENT CAUSES TUREDA.	1.422						
ami A fr A ho reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF DE ADDIANCED INJUNE about 22 years						
exc (3)	rise to the obove cause (A) stating the UNDERLYING CONDITION last,	Charles The Course						
ical ial ns; (cial as	II							
did did	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Plumbers and thoroughlasty about gages							
me y b ph ph ian	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION							
a a a sod	WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No.) 20B/IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
the c (2) E ere t ere t o ph)	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, street etc.)	g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?						
by why	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
hos natu ept d (6)	OF INJURY (APPROX.) While At Not Work At W	While ork						
pro the iny exc an obt	22. I certify that (1) (this haspital) attended the deceased from SEPT2 1964 to May 9 1969							
ap to of al (h);	that (1) (we) last saw the deceased alive an MAS 5 1964 and that in (my) (our) opinion death accurred on the date							
ased to dent of ospital death) must be	and haur and from the causes stated above. (1) (20) (did) (did) view the bady after death. 23A_BIGNATURE							
de de	Wil Alder - mo	Attending Med. Shaff Mag 12.1969						
	23C. PHYSICIAN'S	23D. ADDRESS						
certificate body was r vs: (1) An a D.O.A. at a sased prior ten approv	Richard D. Hahn MD	2106 South Road						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
	Burial 5/13/69 Arbutus Memor							
This cer the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Herbert E. Nutter 3035 W. North Ave.						

VS 150-REV. 1/1/6B

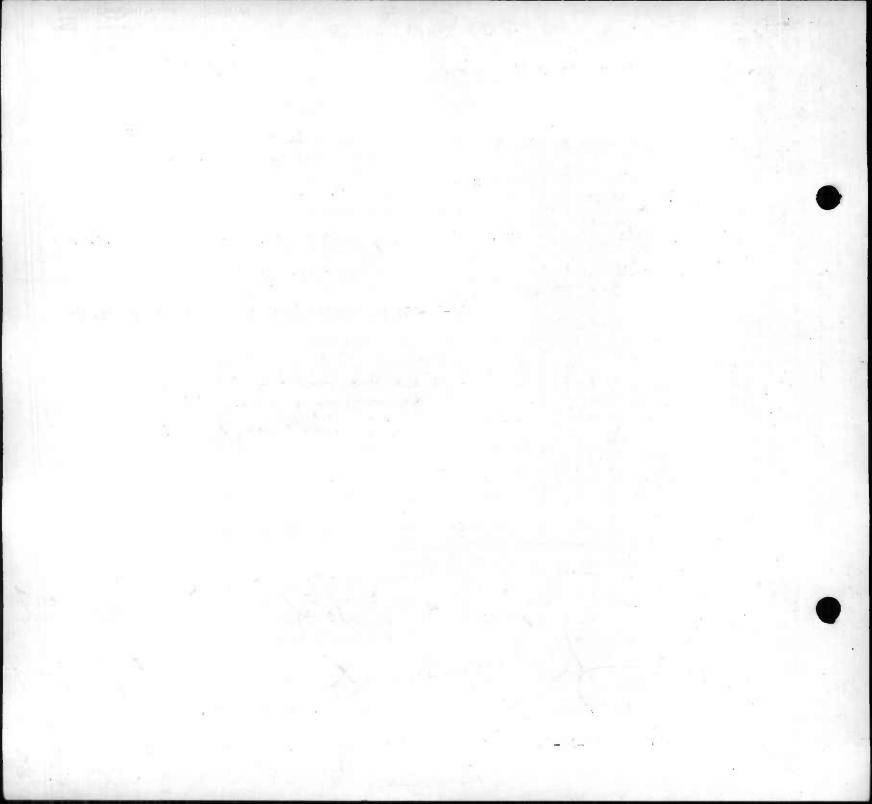


563		HEALTH DEPARTMENT						
Ched t	BIRTH NO. 69 4982 CERTIFICA	IE OF DEATH						
cause of dea use; (5) Deceas endance on t to death. Su	1, NAME OF DECEASED (Type of Print)	2. DATE						
	Charlotte Lottie Hammond	4. USUAL RESIDENCE (V						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE 8. CO						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN						
	00 2826 Presbury Street	Baltimore E. STREET AND NUMBER 2826 Pre						
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Nov. 28, 1909						
con in re ecedi	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF 8USINESS OR INDUSTRY done during most of working life, even if refired)	11. 8tRTHPLACE (State or I						
To un	Domestic Pvt. Family	Eastern Sho						
t) n was	13. FATHER'S NAME	4. MOTHER'S MAIDEN						
H H	Jeremiah Hazelton	Charlotte R						
9 2 9 7	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT						
+ x p or r	214-14-1719h	Dorothy Vaug						
<u> </u>	18.4/231 CAUSE OF DEATH	(
0 0 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a New						
Als nou att	(A)IMMEDIATE CAUS	CONSEQUENCE OF:						
	heart failure, asthenia, etc. It meons the diseose,	CONSEQUENCE OF:						
aminer. A fractu vho pro regular re emba	injury ar complication which coused death.) ANTECEDENT CAUSES							
ho ho e e	(8)	CONFEDURACE DE						
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS CONSEQUENCE DF:							
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burn burn hysi n w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
EZOO	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or						
Bod the	WAS PERFORMED							
9000	U 21 A. ACCIDENT WAS UNDERLYING	or obout 21C. WHERE DIC						
= 0 0 0	OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, off	ce bidg., INJURY OCCUR						
hospito nature; ept who d (6) No ained b	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID						
hos natu ept d (6)	(APPROX.) White At Not White At Work	1. 1						
STACE	22. I certify that (I) (this hospital) attended the deceased from	16/65						
	that (I) (we) lost sow the deceased live on 1	16969 and						
5 Pa 0 +	ond haur and from the couses stated above. (1) (We) (did) (did not) vi							
sed spit eat ust	23A. SIGNATURE	ew the bady difer deol						
leas hos o de		nding Med.						
released accident a hospi or to dea	23C. PHYSICIAN'S	3D. ADDRESS						
was released An accident A. at a hospit prior to deat	NAME (Type)							
	Wayland Jones MD DEGREE	1300 N. Fremo						
\$ 0 0 0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREATERY	MATORY 24D						
ws: (ws: (D.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O	Burial 55-14-69 Union Methodist (Church Cem.						
the body shows: (1 was D.O. deceased written a	25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR	1.5.1						
± 4 3 4 3	MAI 15 1969 (C.) D. C.	Nutter Fune						

REG. NO.	69	4982

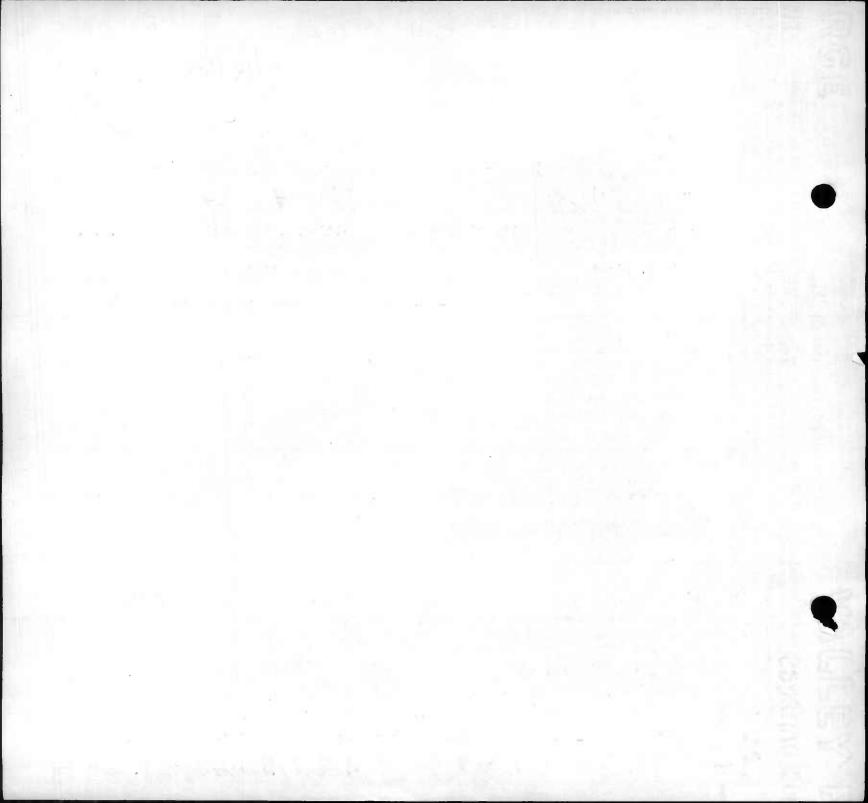
BIRTH NO.	GERTIFICA				
1, NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH			
Charlotte Lo	ottie Hammond	May 10, 1969 M			
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution; residence before admission) A. STATE 8. COUNTY			
FULL NAME OF (IF NOT IN HOSPIT. HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?			
0006 Pm h		Baltimore YES X NO			
00 2826 Presbury S	treet	Baltimore E. STREET AND NUMBER 2826 Presbury Street			
5. SEX 6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.			
Female Negro	WIDOWED DIVORCED	Nov. 28, 1909 lost birthdoy) Months Doys Hours Min.			
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)					
Domestic	Pvt. Family	Eastern Shore Maryland U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Tomomich Homelton					
Jeremiah Hazelton 15. Wos Deceased Ever in U. S. Armed For		Charlotte Richardson 17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANT			
	214-14-1719h	Dorothy Vaughn 2814 Presbury Street			
18.44 12 3	CAUSE OF DEAT	Dorothy Vaughn 2814 Presbury Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DE	RECTLY	A A			
LEADING TO DEATH	(A) IMMEDIATE CA	III artemescento			
(This daes not meon the made of	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:			
heart failure, asthenia, etc. It meons	the diseose,	horas Nise			
	dediti.	1. /2-2-			
ANTECEDENT CAUSES	(8)	or action			
DISEASES OR CONDITIONS, if		S CONSEQUENCE OF:			
rise la the abave cause (A) UNDERLYING CONDITION last.		to con a manifestal			
GIVE LINE CONDITION IGS.	(C)				
z II	NITTO BUTTING				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR					
		200 A LIVORCY2 (Vo. o. No.) 200 IE VEC WERE EINDINGS CONSIDERED			
WAS PERI		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21 C. WHERE DID (If In Soltimore City, give exact location) office bldg., INJURY OCCUR?			
U	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
OF INJURY (Month) (Doy) (Year)					
(APPROX.)	While At Not While At Work				
22. I certify that (I) (this hospital) ottended the decedeed from	2/4/45 19 to			
	~ 1/m	181 8			
that (I) (we) lost sow the decease	da live on	and that in (my) (our) opinion death occurred on the dat			
ond haur and from the couses state	red above. (1) (We) (did) (did not)				
23A. SIGNATURE		23B. DATE SIGNED			
100	DEADES Phy	ending Med. Staff Phys. 5			
23C. PHYSICIAN'S	DEGREE	23D. ADDNESS			
NAME (Type)	//				
Wayland Jones	MD DEGREE				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (City, town, or county) (Stote)			
Burial - 55-14-69	Union Methodist	Church Cem, Chester Maryland			

Nutter Funeral Home 3035 W. North Ave.



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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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69 0.973.5	HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 69 4983
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Gloria Fleet	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	3 N.
70 11	E. STREET AND NUMBER
Dinni Hospital	2804 Boarman Aue
MARKIED THEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. tf Under 24 Hrs Months; Days Hours; Min,
TEIVHE NEGRO WIDOWED DIVORCED	11. BIRTHPLACE (Shote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Clerk City of Baltimore	Baltimore, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis B. Fleet	Margaret Williams
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give war ar dotes af service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
216-42-2319	Mrs Margaret Fleet 2804 Boarman Ave
18. 4 10 9 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	n 1 1 0 1 1 2 2 1/2 1/2
(A) IMMEDIATE CAUS	A CONSEQUENCE OF:
heal failure, osthenia, etc. It means the disease, injury or complication which caused deoth.)	0
ANTECEDENT CAUSES	
The state of the s	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
U 194 DATE OF OPERATION 119R CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street, aff	n or obout 21 C. WHERE DID (If in Boltimore City, give exect lacation) fice bldg., INJURY OCCUR?
21D. TIME (Manth) (Day) (Yeo) (Haut) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While	
22. I certify that (I) (this haspital) attended the deceased fram	4/21 19 69 10 5/10 19 69
that (1) (we) last saw the deceased alive an May 10	19 09 and that in(my) (aur) apinian death accurred an the da
and haur and fram the causes stated above. (I) (We) (did) (did nat) vi	
23A. SIGNATURE	23B. DATE SIGNED
	nding Med. Staff Director Phys.
23C. PHYSICIAN'S	Director Phys. DIV 69
NAMESTYPE) DAT ton OVEN	Signi Hassital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREATERY	MATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5-15-69 Arbutus Memorial	Park Baltimore County, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 19 1969 1 00 00 2 50 00 00	Herbert E. Nutter 3035 W. North Ave
VS 150-REV. 1/1/68	

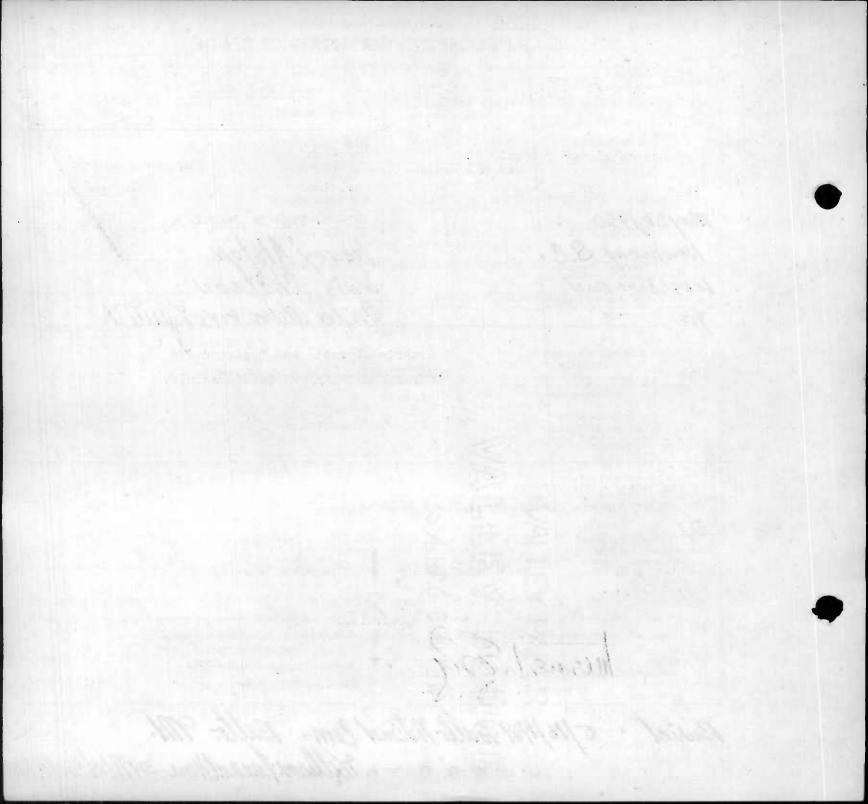


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69 4984 BALTIMORE CITY HEALTH DEPARTMENT

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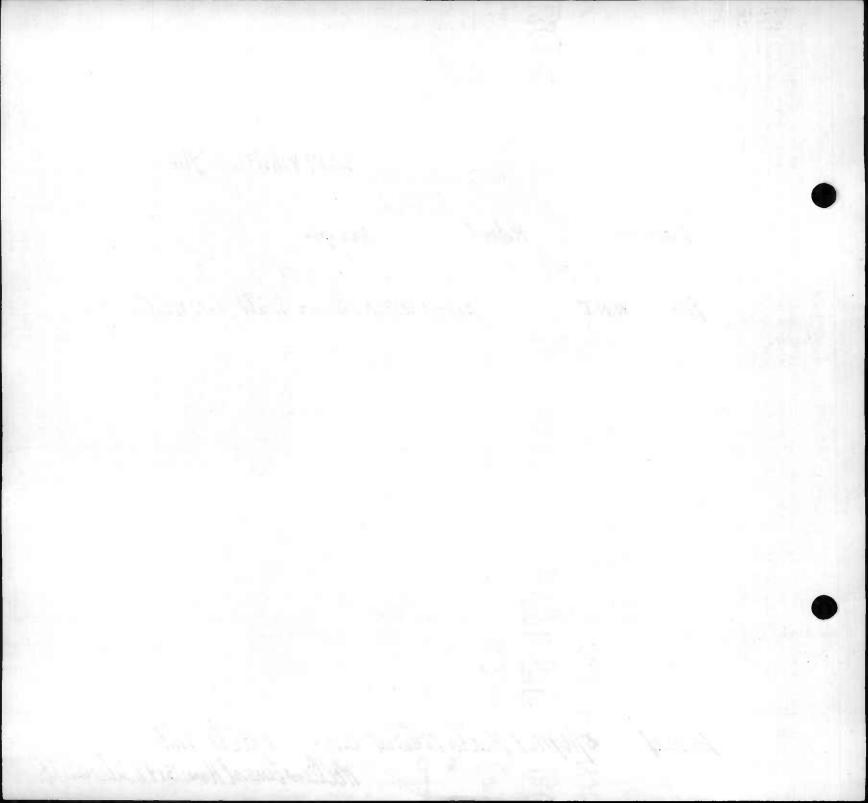
BIRTH NO.		WED	ICAL I	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO)	J. O	
1. NAME OF DEC	EASED				2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Type or Print)	ETCHER	7		ALSTON	OF	Estimoted K	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		1,00	
4. PLACE IN BAL		PYLAND W	HERE PROI		3. DATE	Lammored 24	Month	Doy	Yeor	Hour	M.
FULL NAME OF				TION, GIVE STREET	III	UNCED DEAD					
HOSPITAL OR INSTITUTION	ADDRES	SS OR LOCA	ION)	TION, OTTE STREET			May	13,	1969	9:25	
OKINSHIUHON			1		A. STATE	ESIDENCE (Where	deceosed li	ved. If instituti B. COUNTY	on: residence l	before odmis	sion)
South	Baltin	nore Ge	eneral	(DOA)		land		D. COOITI	15	(-0	/
6. SEX	7. RACE	1	B. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS!		1
male	negr	0	WIDOWED		Balt	imore			YES X	NO 🗆	
9. DATE OF BIRTI		10. AGE (In		Under 1 Yr. If Under 24 Hrs		AND NUMBER			153 [45]	140 🗀	
May 28	MON	lost birthdoy	() M	onths, Doys, Hours, Min		U Famotit	o Chao	n #s			
11. BIRTHPLACE	11720	48	10	CITIZENI OF		W. Fayett	e Stre	et			
III. BIRITIFEACE (note or foreigi	(C)	12	CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME	-1	,			
Newpe	my s	O.C.			NON	1ny 1/1/3	TON				
14A.USUAL OCCU			48. KIND O	F BUSINESS OR INDUST	EN 18" WOTHE	R'S MAIDEN NAM	NE /				
	HO Ma				Wasi	e (ha	Mar	11			
16. WAS DECEAS	ED EVER IN U	J.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	MANT	711.66		ADDRESS	4	
(Yes, no or unknown)	(If yes, give w	or or dates	of service)	SECURITY NO.	(One N	in Mitm	2010	101/201	1/1/a/d		
119.	0 0			CAUSE OF DE	ATH	ac unavi	017	no ruy	AF	PROXIMATE IN	ITERVAL
4-10	(10/1)			CAUSE OF BE					BETW	EEN ONSET A	ND DEATH
	E OR CONDI		TLY	Arter	iosclero	tic and H	yperte	nsive			
	LEADING TO			(A)IMMEDIATE							
heort foifure	of meon the i	It meons the	diseose,	XIXXXXXXX	(ASXAXCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MENXIOEX Ca	rdiova	scular			
injury or con	nplication which	h coused dea	th.)	Diseas	se	100					
10	NTECEDENT	CAUSES		(n)							
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Z	TO COMPIN	OIT CASI.		(C)							
E		II									
OTHER SIGN	IFICANT CON										
DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).	***************************************							
OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF	OPERATION	208. CON	DITION FO	R WHICH OPERATION V	VAS PERFOR	MED	4, 101		21. AUTO	PSY? (Yes o	r No)
O										Yes	
Z2A. EXTERI	NAL CAUSE V	WAS	221	B.PLACE OF INJURY(e.g	., in or obout	22C. WHERE DID	(If in Boltimo	re City, give e	xoct locotion)		
UNDERLYING UTING CA			ho	me, form, foctory, street, off	ice bldg., etc.) l	NJURY OCCUR?					
		TH. oy) (Yeor) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	HIPY OCC	HD2			
OF INJURY	(111011111)	07) (1601	, (11001)		T WHILE	HOW DID III	JOKI OCC	OK:			
(APPROX.)			m.		WORK						
23.			. \Box		רעו						
I cort	ify that I he	eld on li	nquiry	Inspection A	utopsy X	ond that an tl	his basis,	death in m	y apinion		
result	ted from: No	oturol cou	ses X	Accident Suici	ide 📙 H	omicide	Undetermi	ined manner			
	1		10			CHIEF MEDICAL E	XAMINER				
ACTUAL	116	Phus	2/12	MI	6 ASS	STANT MEDICAL E	XAMINER	XX		DATE SIGN	AFD
SIGNATU		7770	LV	M.	D,	OCIATE MEDICAL E				5/13/6	0
NAME (T		Werner	: U. S	itz, M.D.	ASSC	CIATE MEDICAL E	NAMINAEK			3/13/0	, ,
24A. BURIAL CREA	MATION, 24	48. DATE		24C. NAME of CEMETER	or CREMATO	DRY 24D.	LOCATION	(City. to	wn, or county) (Sto	te)
REMOVAL (Specif	1	-111	167.0	alt nt	- 10	2	2.07	OM	1	, (2.0	
Durial	y	0/16	11967	Ballo Hall	na le	m. 13	allo.	1/1/	.,		
25A. DATE REC'D	BY HEALTH D	DEPT.	258. NAK	NE OF REGISTRAR	zśc.	FUNERAL DIRECTO	OR .	41	ADDRESS	, 1	,
388)	15 19	59 (1	1 deal	E. Janka L	m 9/	1/ biren 12	IMPLA	Marie	3109	Kalin	11.1
VS 151-RFV. 1/1/68		City and	1 3	2 A 1140	9 14	rounty fu	grerill	HUM	0/1/1/	your	41/3



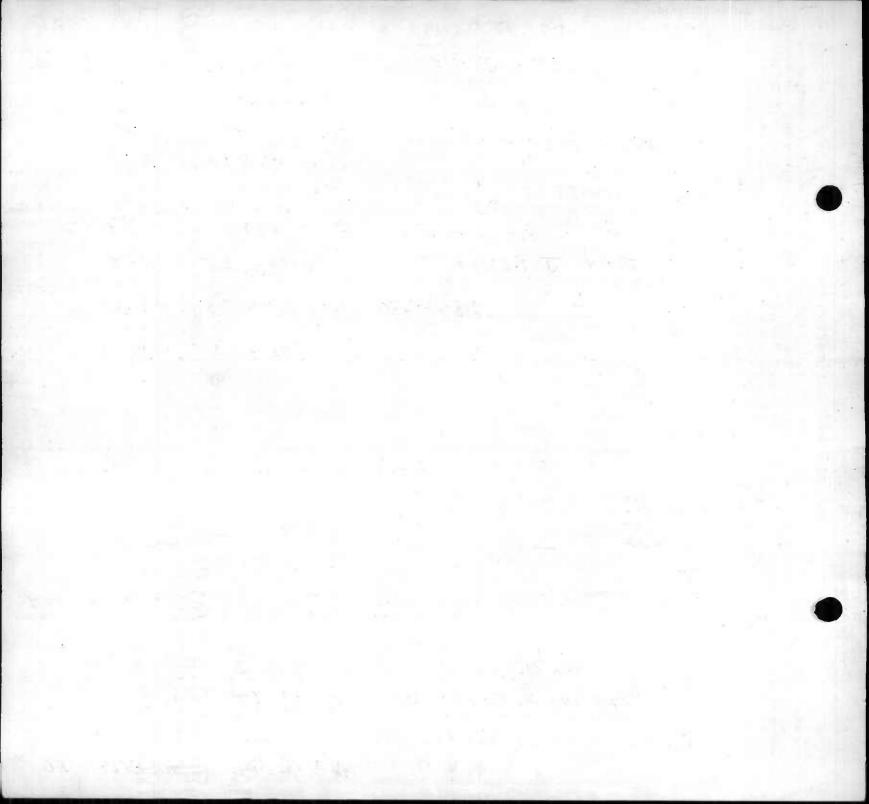
FUNERAL DIRECTOR: IMPORTANT

Deceased Such uo hospital ance (5) cause canse; attend 0 0 prior contributing Undetermined disposition is made. in regular deceased death as the 4 00 eath or final gular attendance any pronounced embalmed fracture 9 obtained before the remains are (3) physician Was death); and (6) No physician where the hospital nature; be approved (except to the pe hospital must accident This certificate must 0 approval 0 prior at Was deceased he body D.0 dis

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 6 10 am (Type or Print) RICHARD FORD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Whittier (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMIT YES THE Baltimore Md NO P E. STREET AND NUMBER 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In vegts If Under 1 Yr. 7. MARRIED NEVER MARRIED If Under 24 Hrs. lost birthdoy Hours 3 WIDOWED DIVORCED 2 10A. USUAL OCCUPATION (Give kind of work) 08, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Mary 2 DOMON 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL 17. INFORMANT SECURITY NO. OF BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl lailure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 5-13-69 that (1) (we) last saw the deceased alive on and that in (my) (our) apinian death accurred an the date and haur ond from the causes stoted abave. (1) (We) (did) (did nat) view the body after death. 23B, DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director L 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS dinal (2921210 61217 GEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME MI CEMETERY OF CREMATORY REMOVAL (Specify) 25B. NAME OF REGISTRAR BY HEALTH DEPT VS 150-REV. 1/1/68



			HEALTH DEPARTMENT	
BIE) 69 A	4986 CERTIFICA	TE OF DEATH REG. NO.	69 4986
1,1	IAME OF DECEASED	J. BENNE	77 MAY 13 196	9 1 10 Am
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)
FU HC	NOITUTITE	INSTITUTION, GIVE STREET	MARY LAMO	26-64 DE CITY LIMITS?
	00 505 N HIGHE	LAND AVE	BALTIMORE E. STREET AND NUMBER 505 N HIGH LAMO	AVE
S	SEX 6. RACE 7. AAA		8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
1	MALE WHITE WIDE	RRIED NEVER MARRIED OWED DIVORCED	0CT 7/908 (ast birthdoy)	Manths Days Haurs Min.
	CUSUAL OCCUPATION (Give kind of work 10B. KI to during most of working tife, even if refired) SAHOER GLI	EN L MARTINS	11. BIRTHPLACE (State or foreign country) BAUTIMORE MO	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	211 = 71/11/1/11	14 MACTHER'S MADEN NAME	-
	JOHN J B	EMNETT	MARY LEIST	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of se	16. SOCIAL SECURITY NO.	GEORGE P. BENNETT 8101 F	PULACKI HWY
-	18. 4 (2)	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		44	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	DE MESOTHELIOMAL	4NG 5-6 MOS.
	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
	injury ar complication which caused death.		The second second	
	ANTECEDENT CAUSES	(B)		
	DISEASES OR CONDITIONS, if any,	giving	A CONSEQUENCE OF:	
	rise to the abave cause (A) station UNDERLYING CONDITION last.	g me (C)		
	11			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM	JING Broi	vcHO-PNEUMONIA	> DAYS
		FOR WHICH OPERATION		INDINGS CONSIDERED
ERTIFIC	19A. DATE OF OPERATION WAS PERFORME		IN CERTIFYING CAU	ISES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimare	e City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	Hice bldg., INJURY OCCUR?	
MEDIC	21D.TIME (Month) (Day) (Year) (Hou	r) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
×	(APPROX.)	White At [7] Not Whi	le 🦳	
		Work LJ At Work		MAV 11- 10/0
	22. I certify that (I) (this hospital) atte		^ ^ ^	1967
	that (I) (we) last saw the deceased aliv			nian death accurred an the date
	and haur and fram the causes stated ab	ave. (1) (WE) (did) (did not)	view the bady after death.	
	23A. SIGNATURE	Δ+	ending Med. Staff	23B, DATE SIGNED
	3 Towny	OEGREE Phy	s. Director Phys.	3/17/09
	NAME (Type) BENIGNO M.	OTEYZA MD	23D. ADDRESS / 01 \ OLD NUNTH POI BALTO. Md. 2/2 EMATORY [24D. LOCATION (Cit	NT Pd.
24	A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D, LOCATION (Cit	ty, toyn, or county) (State)
	REMOVAL (Specify)	HOLY REDEEN		
25	BURIAC MAY 161969 A. DATE RECIDENT HEALTH DEPT. 258. N	MOLT NEUEE	25C. FUNERAL DIRECTOR	ADDRESS
	MAY 15 1969 (16)	9 6 9 6 9	THE SIPPEL BROSING 71	10 BELAIR RD
VS	1SO-REV. 1/1/68			



rect or contributing cause of death (4) Undetermined cause; (5) Deceased was in regular attendance on the is made isposition direct assistant if eath 00 O kind; final attendance T any pronounced OL Also, embalmed of fracture the chief medical examiner ar regul who are 4 3 physician the remains Mas medical physician Body the 0 before by 3 ere to the hospital ŝ nature; 3 obtained 9 approved (except and any leath); pe of hospital was released must An accident must 0 9 written approval 0 prior to O.A. eceased the body shows: 0 Mas 73

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. T. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type Amanda Bell, (Manda) (Mandy) 1:30 P.M. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or tocotion) C. CITY OR TOWN (If outside city limits, write RURAL and INSTITUTION Baltimore Lincoln Momorial Mursing Home D. STREET ADDRESS He (If rurol, give location) 702 Barlitz Avenue 5. SEX 6. RACE 9. AGE (In years 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours WIDOWED DIVORCED (specify) 77 doy 1/25/1892 Female Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF U.S.A.COUNTRY? done during most of working life, even il retired) Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Javis Oceanna Jarvis 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS Me, no or unknown) (If yes, give war or dates al service) SECURITY NO. 212-16-1569A James Bell 102 N. Bentlou Street Mr. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Thrombosis (This daes nat mean the made of dying, e.g., hearl failure, asthenia, etc. 11 means the disease, injury or complication which caused death.) Generalized Arteriosclerosis ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE Decubitus IIIcers DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 9A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location) home, larm, factory, street, affice bldg., INJURY OCCUR? AL DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY White At Not While (APPROX) Work At Work 19 68 22. I certify that (1) (this hospital) attended the deceased, that (1) (we) last saw the deceased alive an .19 and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above. (1) (We) (Ad) (aid not) view the body after death. 23A. HONATHRE 23 B. DATE SIGNED Phys. 7 Attending Phys. Med. 5/13/69 Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type Eutaw Place Hollds Sounarine 2425 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 5/17 /69 69 Mt Calvary Cemetery Ann Anne Arundel 25A. DATE REC'D BY HEALTH DEPT.



C-455

69 4988 BALTIMORE CITY HEALTH DEPARTMENT

69	4988
00	7000

BIRTH NO		WED	ICAL	EXAMINER 5	LEKIIF	ICATE OF	DEATI	REG. NO.			
I. NAME OF DE	CEASED				2. DATE	Known X	Month	Day	Yeo	Hour	=
(Tune or Delat)	RNOLD	C		COLEMAN	OF	Estimoted	May	13,	1969)
		RYLAND, W	HERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeo		M.
FOR RT		HESPI SOR OGA				OUNCED DEAD	May 1	,	1969	1:00 1	
	Land Ger			6-19-69	A. STATE	residence (where aryland		ed. If institution B. COUNTY	n: residen	ce before odmission)	
6. SEX	T DACE		-	D NEVER MARRIED	C. CITY O			D. INSIDE C	ITY LIMIT	5?	
1.	1/16	egro	WIDOWE		١,	Baltimore		,,	ES 🖺	NO 🗌	
male 9. DATE OF BIR	whit	10. AGE (Ir		If Under 1 Yr If Under 24 Hrs.		AND NUMBER		Y	F2 E7	NO L	
		lost birthdo	y) h	Months Doys Hours Min.							
12-18-4		_	28	2. CITIZEN OF		1715 Linde	n Avenu	ie			
		in cooniny)	A	WHAT COUNTRY?							
Maryla		12 1 4 11	1.40 (//0.45)	0.5 0.16(b) 566 OD (b) 501640		liam R. (n			
14A.USUAL OCC done during most of	UPATION (Giv Fworking life, ev	e kind of work en if retired)	14B. KIND	OF BUSINESS OR INDUSTR	1 13. MOIH	EK 5 MAIDEN NA	WE				
Labore						H. Hunt					
16. WAS DECEA (Yes, no or unknow NO	SED EVER IN	U.S. ARMED	of service)	17. SOCIAL SECURITY NO.	18. INFO				DDRESS		
No					Mrs.	Rosalino	d Cole	man 33	303		A
19.	71	X		CAUSE OF DEA	TH				В	APPROXIMATE INTERVETWEEN ONSET AND D	
DISEA	SE OR COND	ITION DIRE	CTLY	Multipl	a Tniu	rias					
	LEADING TO			(A)IMMEDIATE		1100					
	not meon the					QUENCE OF:					
Injury or co	omplication whi	ch coused de	oth.)								
The state of											
	OR CONDITI		GIVING	(B) DUE TO, OR	AS A CONS	EQUENCE OF:					
RISE TO TH	OR CONDITI HE ABOVE CA ING CONDIT	USE (A) STA	TING THE								
Z	ING CONDII	ION LAST.		(C)							
OTHER SIGN TO THE DISEASE OF 20A. DATE OF 20A.		11									
OTHER SIG	NIFICANT COI										
DISE ASE C	RCONDITION									TABLES (V)	
20A. DATE C	OF OPERATION	N 20B. COI	NDITION F	OR WHICH OPERATION W	AS PERFOR	WED			21. AU	ITOPSY? (Yes or No	
										No (Par	tia
S 22A. EXTE	RNAL CAUSE		2: h	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, office	in or obout	22C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give ex	act locatio	7) 1	
	AUSE OF DEA			home		1715 I	inden A		, ,		
≥ 22D. TIME OF INJURY	(Month) (I	Doy) (Yeo	r) (Hour)	22E. INJURY OCCURRED		22F. HOW DID IN			. jur	nped from	
(APPROX.)	5/13/6	9 U	NK n	n. WHILE AT NOT	WHILE X	third i	floor w	indow			
23.				Pa	rtial			Track.			
I ce	rtify that I h	eld an I	nquiry	Inspection Au	tapsy X	and that an t	this basis,	death in my	opinlar	1	
resu	Ited fram:	atural cau	ses 🕡	Aceident Suici	de X	lamicIde 🗌	Undetermin	ned manner			
	11	$0 \Omega_a$	1	1001-		CHIEF MEDICAL	EXAMINER			DATE CLONIED	
ACTUA		HM	2/1	X //	AS	SISTANT MEDICAL	EXAMINER	X		DATE SIGNED	
SIGN A EXAMI	NER'S	Werner	U. Sp	icz, M.D.		OCIATE MEDICAL	EXAMINER			5/13/6	9
24A. BURIAL CR	(lype)	24B. DATE		24C. NAME of CEMETERY	ar CPEMA	IORY 24D	LOCATION	(City tow	n, or cou	nty) (Stote)	_
REMOVAL (Spe	cify)						. LOCATION	(City, low	, 01 000	(31016)	
Burial		5/16/	69	Mt Auburn	e me te	ery	Balto.			748 - 15 -	
25A. DATE REC'	D BY HEALTH	DEPT.	25B. NA	ME OF REGISTRAR		FUNERAL DIRECT			ADDRESS	117	
SAL	NY 15 18	369	130	J. E. Jalou	Dhall a 1	Vm C Marc	ch 92	8 E. 1	Vort.	a Ave.	
VS 151-REV. 1/1/		- 1.	24	5 9 0 1	1	9 8	0				=
TO TOTALT. 1/1/	V	0.00		207	,						

V.S. 153 6-19-69 M.H.

VALLEY PALER

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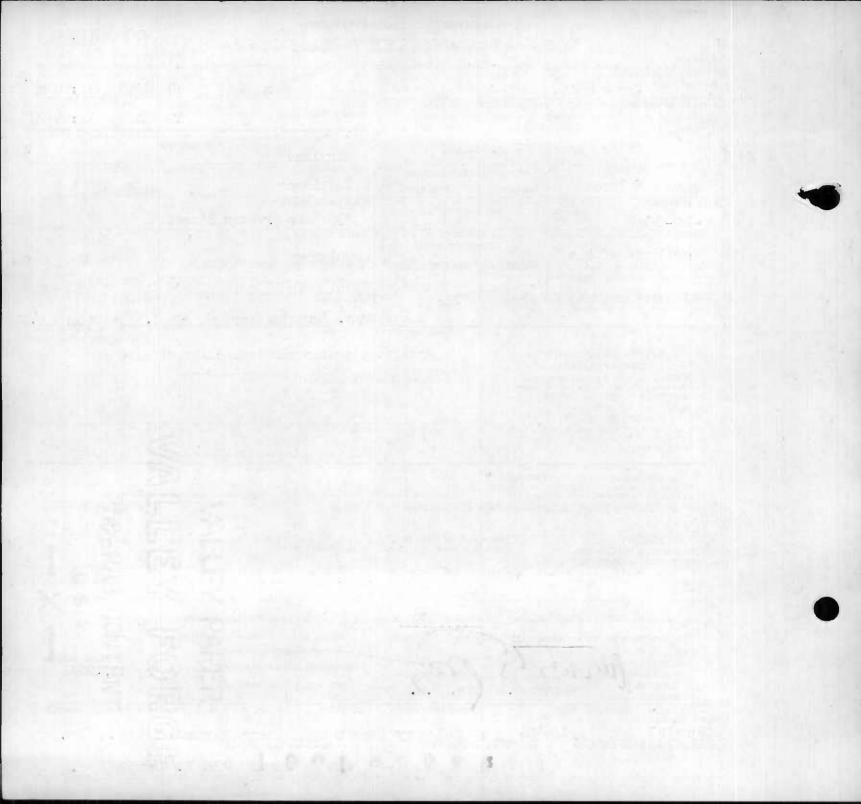
A GRO BALTIMORE CITY HEALTH DEPARTMENT

3	9 4300)			-
J	MAEDICAL	EV A MAINTEDIC	CEDTIEICATE	OF DEATH	n
	MEDICAL	EVAWIIJEK 2	CEKTIFICATE	OF DEATH SEC NO	

69 4989

BIRTH NO.								KEG. NO			
I. NAME OF DEC	EASED				2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Type or Print) James White						Estimoled X	5	10	1969	12:20	PM
4. PLACE IN BAL			HERE PRON	OUNCED DEAD	3. DATE		Manth	Doy	Yeor	Hour	- 741
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT		L OR INSTITUT	TION, GIVE STREET		INCED DEAD	5	10	1969	12:25	PM
	Union N	lemoria	al Hosp	ital	A. STATE	SIDENCE (Wher		B. COUNTY	residence) -O	on)
6. SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?		
Male	Colored		WIDOWED			timore		YE	s 🛂	NO 🗆	
6-10-18		10. AGE (In last birthday	yeors Ma	Jnder 1 Yr If Under 24 Hrs. nths Doys Hours Min.		East Pr	eston S	treet			
North			12.	CITIZEN OF WHAT COUNTRY?	13. FATHER						
			48. KIND OF	BUSINESS OR INDUSTR	VIII. MOTHE	MOWN	MF				
done during most of v											
	FB F1/FB (ALL)	6 45455		117 606141		mown		4.0	DDECC		
16. WAS DECEAS (Yes, na or unknown)				17. SOCIAL SECURITY NO.	18. INFORM				DRESS		
					Mrs.	Martha	Evans	739 E.	Pre	ston S	St.
19.	2. 4			CAUSE OF DEA					Al	PPROXIMATE INT	ERVAL
(This does n heart failure injury ar can AI DISEASES (RISE TO THI UNDERLYIN OTHER SIGN TO THE DEL DISEASE OR 20A. DATE OI	de mean the n at mean the n at mean the n at mean the n at the	nade of dyi It means the a coused dea CAUSES DNS, IF ANY, SE (A) STAT DN LAST.	diseose, ith.) , GIVING ING THE ONTRIBUTING THE TERMINA	(B) DUE TO, OR (C)	AS A CONSEC	QUENCE OF:			21. AUTC	DPSY? (Yes ar	Na)
Ö									no	0	
UNDERLYING	NAL CAUSE V	RIB-		PLACE OF INJURY(e.g., ne, form, factory, street, office			(If in Boltimor	e City, give exo	ct location)		
22D. TIME OF INJURY (APPROX.)	(Manth) (Do	ay) (Year			T WHILE 2	2F. HOW DID IN	IJURY OCCU	JR?			
	ER'SUSPENDENCE OF THE PROPERTY	Werne 18. DATE 5/15/	er U. S		ASSIC	CHIEF MEDICAL STANT MEDICAL COATE MEDICAL ORY 24D	Undetermine EXAMINER EXAMINER LOCATION		ay 11,		
	1 1416	9 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,900	-	2 Marc		B E. No	orth	Ave.	

VS 151-REV. 1/1/68



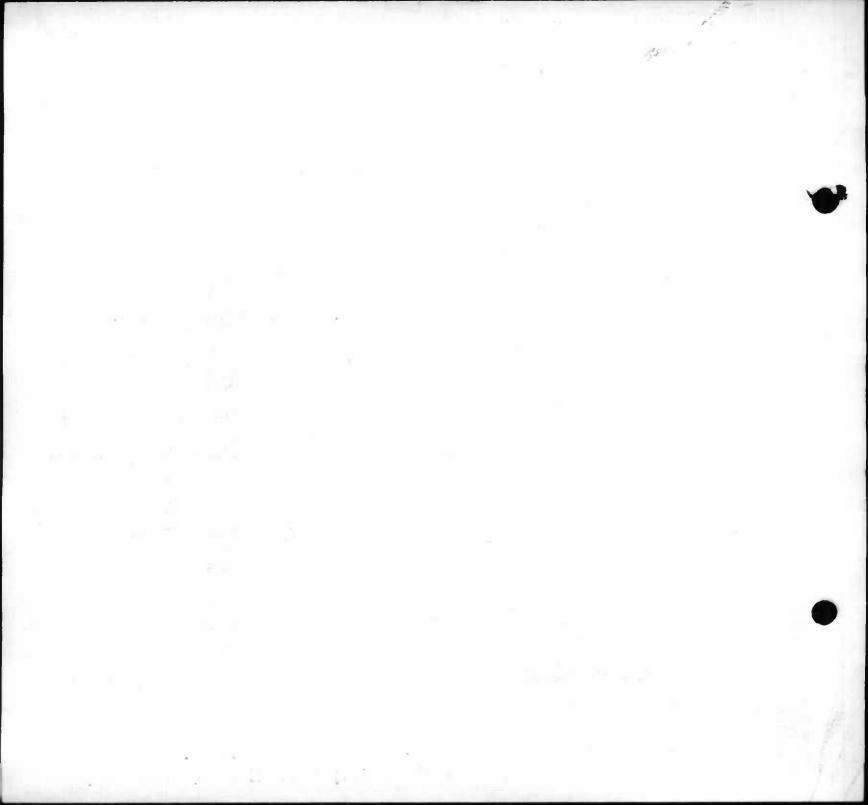
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I. NAME OF DE	CEACED		CERTIFICA				
(Type or Print)		, Edna			ND HOUR OF DE $5/13/69$	ATH	8:
3. PLACE IN BA	LTIMORE, MARYLAND, W		INCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived	. Il institution:	
FULL NAME OF	UE NOT IN HOSPIT	TAL OR INSTITU	TON CIVE STREET	Maryland	NTY		7
HOSPITAL OR	ADDRESS OR LOCA	ATION)	TION, CIVE STREET	C. CITY OR TOWN	D.	INSIDE CITY	LIMITS?
23				Baltimore		YES X	
The	Johns Hopki	ns Hosi	oital	E. STREET AND NUMBER			
5. SEX	6. RACE			1706 E. Mac			21205
Female	Negro	WIDOWED		5/10/83		86 Months	er 1 Yr. If Und Doys Hours
done during most of	UPATION (Give kind of work working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	eign country)	12. CfT	TEN OF WHAT
				Maryland			
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA			
Unknow				Eliza Thoma	as		
Yes, no or unknown	d Ever in U.S. Armed Far	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
				Mrs. Phoebe	Stokes	1706	E. Madi
18.28	5.91		CAUSE OF DEAT	Н			APPROXIMATE I
DISEA	SE OR CONDITION DI	RECTLY		D			
(This does	LEADING TO DEATH	dulan a -	(A) IMMEDIATE CAL		ng te	ali	5day
heart failure	asthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:			7
indent faitore,	anticino, cico il illegila	His dizenza					
injury of Cot	nplication which caused	death.)		0			
injury at car	nplication which caused ANTECEDENT CAUSES	death.)	(8)	anemia		2	
DISEASES	nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	death.)	(B) DUE TO, OR AS	Aconsequence of:	•	*************************	***************************************
DISEASES (nplication which caused ANTECEDENT CAUSES	death.)	(B) DUE TO, OR AS	ANELLICA A CONSEQUENCE OF:	************************		
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FUNERAL DIRECTOR: IMPORTANT

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) uo death. 4. USUAL RESIDENCE (Where deceased 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD lived. If institution; residence ance A. STATE B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF MARYLAND HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? INSTITUTION attend 0 BALTIMORE CITY HOSPITALS YEST NO BALTIMORE prior 4940 EASTERN AVE. E. STREET AND NUMBER BALTIMORE, MARYLAND BALTIMORE. 1226 E. EAGER ST. etermined g 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. 5. SEX NEVER MARRIED 7. MARRIED deceased lost birthdoy regul EGRO WIDOWED DIVORCED 9-18-18 50 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) MACHINE OPERATOR U.S.A SOUTH CAROLINA 90 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 ROBERT LOGAN ELLEN KINE death T kind; 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL 17. INFORMANT ō (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. fina 4940 EASTERN AVE. BALTIMORE. 20-7265 BCH RECORDS: MARYLAND any CAUSE OF DEATH attenda 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meen the made of dying, e.g., DUE TO, OR AS A CONST heart failure, asthenia, etc. It means the disease, pa gular injury ar camplication which caused death.) em e ANTECEDENT CAUSES re are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, Ins 0 Was rema Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL an DISEASE OR CONDITION GIVEN IN PART 1 (A) the 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED Ü 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY le.g., in or about 21 C. WHERE DID (If In Baltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner) 3 MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) obtained (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 9 While At No! While (APPROX.) Work At Work and ex any 22. I certify that (this hospital) attended the deceased from 19 that (we) lost saw the deceased alive on. and that in (my) (our) opinion death accurred an the date eath) ō hospital ond hour and from the courses stated above. (I) ((i) (did) (did) view the body after death. must accident 23A. MENATURE 23B. DATE SIGNED T Attending [0 Phys. Director pproval 0 HYSICIAN'S prior 23D. ADDRESS BALT IMORE CITY HOSPITALS at JOHN S. COHEN MD. 4940 EASTERN GEGREE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION ceased 0 o REMOVAL (Specify) written d Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF FUNERAL DIRECTO ADDRESS 0 TO. VS 150-REV. 1/1/68

SHANK HIM Cardinary Arrest S. DORFGERM STEPHARMENT year wiferenderst -87 W.D.

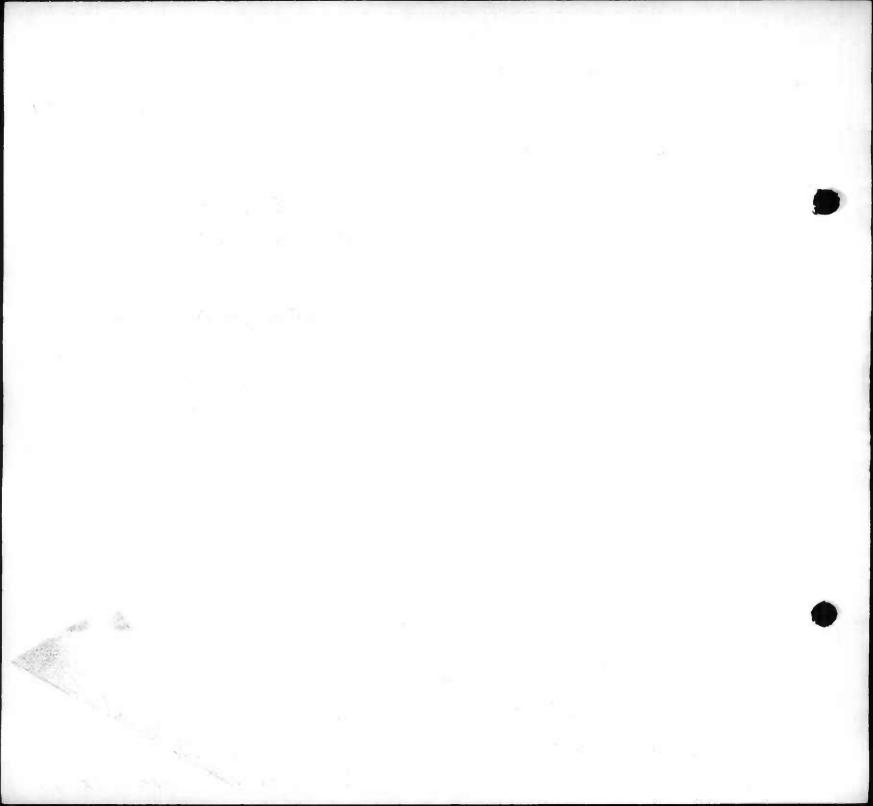
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BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO.

BIRTH NO.	9 4992 CERTIFICA	TE OF DEATH	REG. NO	03 4332
1. NAME OF DECEASED	LOUISE CAMPRELL		HOUR OF DEATH	, 220 A
3. PLACE IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If instit	ution: residence before admission)
HOSPITAL OR ADDRESS OR LO		Maryland - C. CITY OR TOWN	Balt Cit	4. 8-01 CITY LIMITS?
HAWERSTY OF	TARYLAND HOSPITAL	Balt		ES NO
3		E. STREET AND NUMBER	exington	ST
5. SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yo if Under 24 His.
Female 12900	WIDOWED DIVORCED	10/1/1893	ost birthdoy) 5	Aonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of vidone during most of working life, even if refire	work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Battene	Mel	USA
13. FATHER'S NAME	L.	14. MOTHER'S MAIDEN NAM		
Louis St			Dilliams	
(Yos, no or unknown) (If yes, give wor or	Forces? folces of service) 16. SOCIAL SECURITY NO. 213 - 67 - 400 6	George T Ca	matell	ADDRESS
18. 4 4-1.0 1	CAUSE OF DEATH	10		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT	TH	Occastin	AND CIENT	1 1 1.
(This does not mean the mode heart failure, asthenia, etc. It mea injury at complication which cous	ons the diseose,	SE ///> A CONSEQUENCE OF:	andlysm of	7 WEERS
ANTECEDENT CAUS	ses athe	roseleratie +	Hyperteu	Sole Maries
DISEASES OR CONDITIONS, in its to the obave couse () UNDERLYING CONDITION last.	il any, giving A) stoling the	A CONSEQUENCE OF:		
O OTHER SIGNIFICANT CONDITIONS CET TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN THE CONDITION OF THE CONDITI	O THE TERMINAL			
= 3 4/14/69 WAS P	ONDITION FOR WHICH OPERATION PERFORMED	20A-AUTOPSY? (Yes or No)	208, IF YES, WERE FINING CAUSE	DINGS CONSIDERED
OR CONTRIBUTING TI CAUSE OF	218, PLACE OF INJURY (e.g., In home, form, factory, street, off etc.)	or obout 21 C. WHERE DID	(II In Boltimore C	Ity, give exoct location)
DEATH (notify medical examines) 21D-TIME (Month) (Doy) (Ye) OF INJURY	of (Hour) 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work At Work			/ /-
	tal) attended the deceased from	4/11/69 1)to5/	10/67 19
that (1) (we) lost saw the deced	_ /// / / /		t in(my) (aur) apinio	n deoth accurred on the date
ond hour and from the causes s	tated above (i) (We) (did) (did not) vi	ew the body ofter death.	les	2 DATE SIGNED
Milaline 4	A min Atter	nding Med.	itaff thys.	B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	Director L F	hys. Ltd	2/10/69
MICHAEL	BIRONER	11nivers1	ty Hosi	atal
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	lown, or county) (Stote)
Bunce 5-14	69 mit about 13	f 13	Balto ms	2
MAY 15 1969	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Alm in	Beaute for
VS 150-REV. 1/1/68				- comment of the



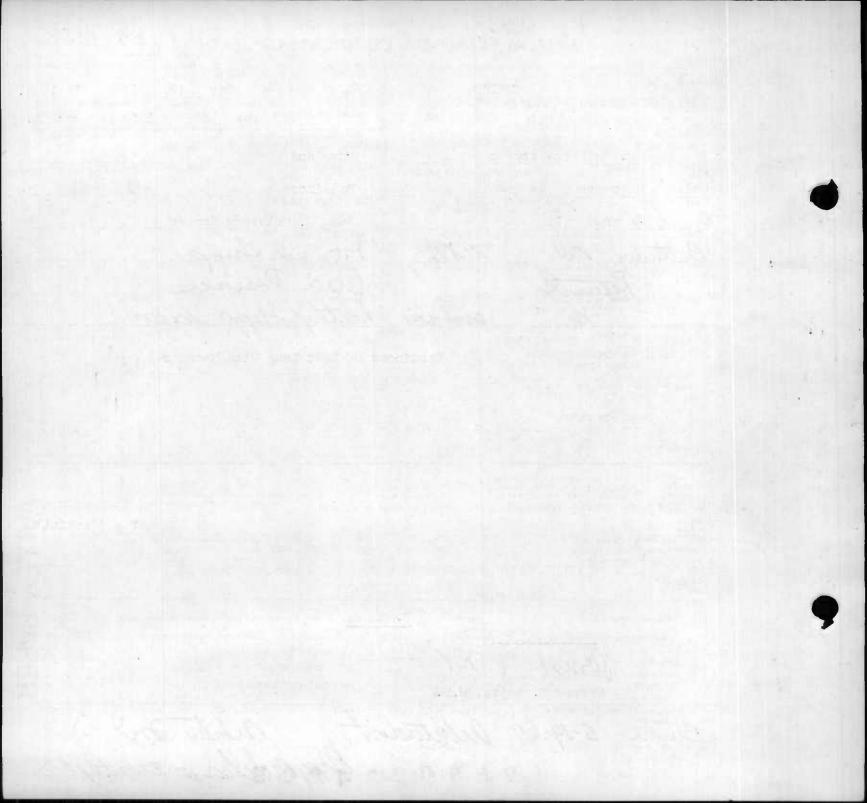
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69 4993 BALTIMORE CITY HEALTH DEPARTMENT

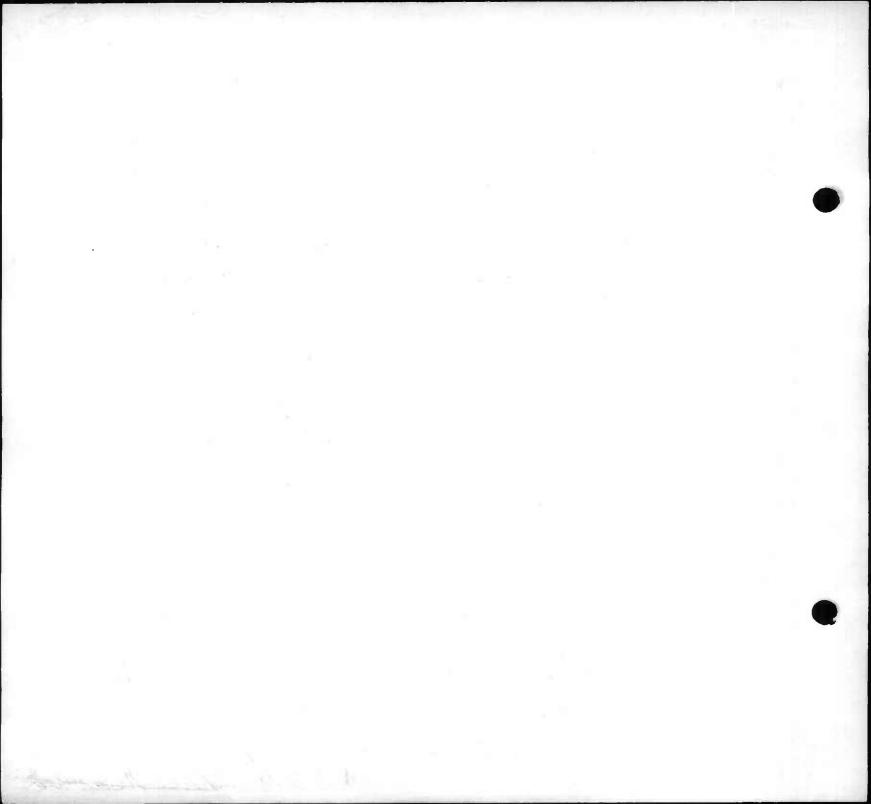
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1	MEDI	CAL	EXAMINER'S	CERTIFICATE	OF DEATH .

		69 MED	100		IMORE CITY H		CATE OF	DEAT	Н	69	4993
BIRTH NO		77166	10/12	-/1/ 1/	VIII VEIK O	CERTIFI	0, 1,12 0,		REG. NO.		
1. NAME (Type or P	OF DECEASED		Т	RIPP		2. DATE OF	Known Estimated	Manth Mav	Day	Year 1969	12:10 A
	IN BALTIMORE, A	ARYLAND. V			FD DFAD	3. DATE	Estimated Es	Manth	Day	Yeor	Hour TZ: IU MA
FULL NAME HOSPITAL OR INSTITU	OF (IF N	OT IN HOSPITA	AL OR INST			PRONO	JNCED DEAD	May	10,	1969	2:25 A
	24.00 11 14	.11	04			A. STATE			B. COUNTY	1	0 2 M
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					VER MARRIED						
male 9. DATE C		10. AGE (I		If Under 1	Yr. If Under 24 Hr	E. STREET	timore ND NUMBER			ES X N	10 [
Mall	1000 -189	4 /1		10 CITIZE	N OF	13. KATHER	O W. Mulb	erry S	treet		
II. BIRTHP	LACE (State or for	200 Country		12. CITIZE	CONTRACT	13. MATHER	5 NAME	1			
14A.USUAL done during	OCCUPATION (Comost of working Pfe,	ive kind of wark	148. KIND	OF BUSIN	ESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	Sup.	0		
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19.	621				CAUSE OF DE	ATH	,	//			ROXIMATE INTERVAL
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heor	s daes nat mean th rt foilure, osthenio, c ry or complication w	tc. It meons the	diseose,		DUE TO, OF	AS A CONSEG	UENCE OF:				
RISE	ANTECEDEN EASES OR COND TO THE ABOVE O DERLYING COND	TIONS, IF AN AUSE (A) STA ITION LAST.	Y, GIVING TING THE		(B)(C)	R AS A CONSE	QUENCE OF:				
O TO	ER SIGNIFICANT C THE DEATH BUT NO EASE OR CONDITIO	OT RELATED TO	THE TERM								
20A.	ATE OF OPERATION			FOR WHIC	H OPERATION V	NAS PERFORM	ED			21. AUTOF	PSY? (Yes or No)
Ö											(Partial)
	EXTERNAL CAUS	NTRIB.		22B. PLACE hame, farm,	OF INJURY(e.g.	ir, in ar abaut ice bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Baltimor	e City, give ex		
22D. OF IN.	TIME (Month) JURY	(Day) (Yea	r) (Hau	r) 22E.IN. WHILE A		OT WHILE WORK	2F. HOW DID IN	JURY OCCU	IR?		
23.	I certify that I	held on 1	nquiry [_			ond that on t	his bosis,	deoth in my	opinion	411
	resulted from	Notural cou	ses 🔭	Accide	Suic Suic				ned monner		
	ACTUAL //	leny,	4	VI	11-	-	CHIEF MEDICAL I				DATE SIGNED
E	XAMINER'S NAME (Type)	Werner	U. SP	iz, M	(d.1		CIATE MEDICAL	EXAMINER		5	5/10/69
24A. BURI REMOVAL	AL CREMATION, (Specify)	5-14-	69	an	ME of CEMETER	ant-	1	2 hu	tus s	on, ar county)	(Stale)
ZSA. DATE	MAY 1	TUEFI, 7	25B. N	IAME OF R	G (L.	Mã EL	LOUBLA	ho	אמרמן	ADDRESS Websit	ack
VS 151.REV	/ 1/1/AB					5 1	11 000	2	74.77		1



by the chief medical examiner

54-18-24		ATE OF DEATH REG. NO. 69 4994
death death eased on the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
5 4 9 0 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	114 USUAL RESIDENCE (Where decord lived II) 12:05 Am.
se (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived. It institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN
E 24.	21	BALTIMORE PES NO
h occurred in contributing stermined cause regular attended prior is made.	BALTIMORE CITY HOSPITAL	E. STREET AND NUMBER
ibut ned d p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ya , If Under 24 Hrs.
contribution regular regular priceased principles and is made.	WIDOWED DIVORCED	8-25-13 ast birthdoy Months Days Hours Min.
nt if death direct or co l; (4) Undete th was in r on the dece disposition i	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during mast of weaking life, even if refired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
if dect (4) U was the sposi	13. FATHER'S NAME	14. MOTAER'S MAIDEN NAME
dire dire dire dire on t	Wille Jamen	Manie Williams
he di kind; death ce on	15. Was Deceased Ever in U. A Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
t t	18. CAUSE OF DEAT	RECORDS-BCH-4940 EASTERN AVENUE, BALTIMORE, MD
his as lso, if of any unced thenda	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 0 3 ± 0	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CALL (This does not mean the mode of dying, e.g.,	USE CVA 48 hrs.
miner or niner. A fracture to prono gular at	heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	Muccardial Internt 48 hrs
X X X X X X X X X X X X X X X X X X X	rise to the above cause (A) stating the	A CONSEQUENCE OF:
cal al e s; (3 cian is iins	UNDERLYING CONDITION last, (C)	Hypertenson-HASCUD
f medical medical e / burns; (3 physician ian was in	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 121A-ACCIDENT WAS UNDERLYING 121B PLACE OF INJURY (C. I.)	abetes Mellitus
chief Body the l ysici	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by the pital by re; (2) where No phy d before	OR CONTRIBUTING CAUSE OF hame, form, factory, street, of peach form, factory, street, of etc.)	n or about 21 C. WHERE DID (If in Baltimare City, give exact lacotion)
ed hos atu (6)	OF INJURY (APPROX.) (APPROX.) (APPROX.) (APPROX.) (APPROX.) (APPROX.) (APPROX.) (APPROX.) (APPROX.) (APPROX.)	
こと DX E 4	22. I certify that (1) (this hospital) attended the deceased from	5/8 19 59 10 5/10 19 69
824-08	that (1) (we) last saw the deceased alive an 5/10	19 and that in(my) (our) opinion death occurred on the date
death death death death must b	and hour and from the causes stated above. (i) (We) (dtd) (dtd not) v	
20.25	Attent Kozenbaum M.D. Atter Phys	nding Med. Staff Phys. 23B. DATE SIGNED
y was rely was rely An acc		
certificat sody was s: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	CH-4940 EASTERN AVENUE, BALTIMORE, MD. MATORY 240. LOCATION (City, 16wn, or county) (Stote)
This certification of the body shows: (1) was D.O was deceased written a	Bunch 5-1569 toplogande	enten Rollson handing
This the b show was dece	25A. DATE REC'D BY HEALTH DEPT. MAY 1.5 1969. 1258 NAME OF REGISTRAR	DEC. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS
	VS 150-REV. 1/1/68	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/6B

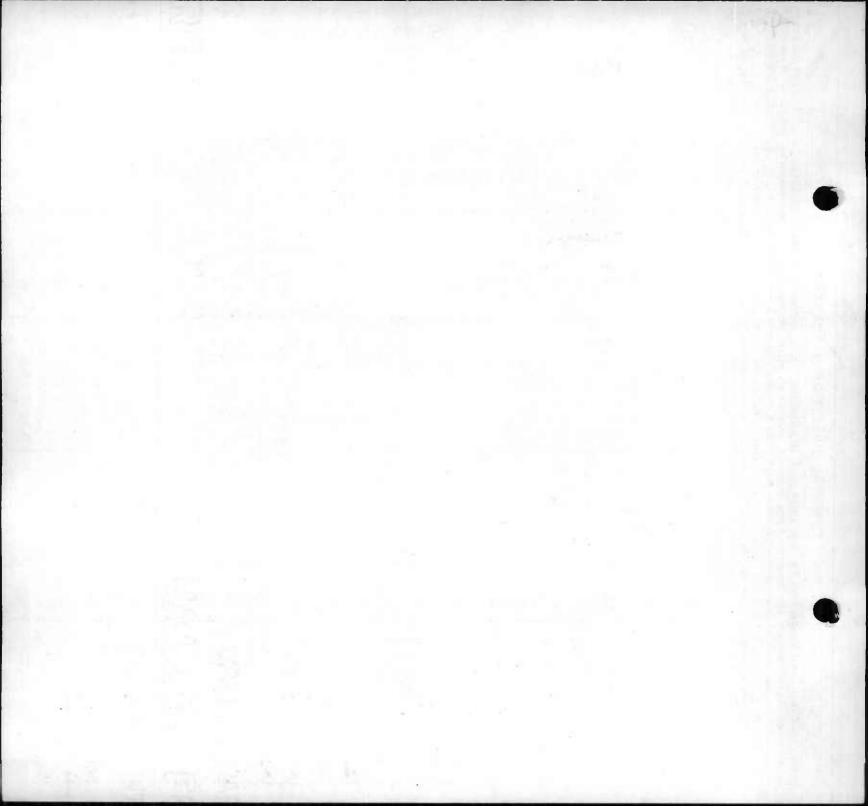
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

REG. NO.

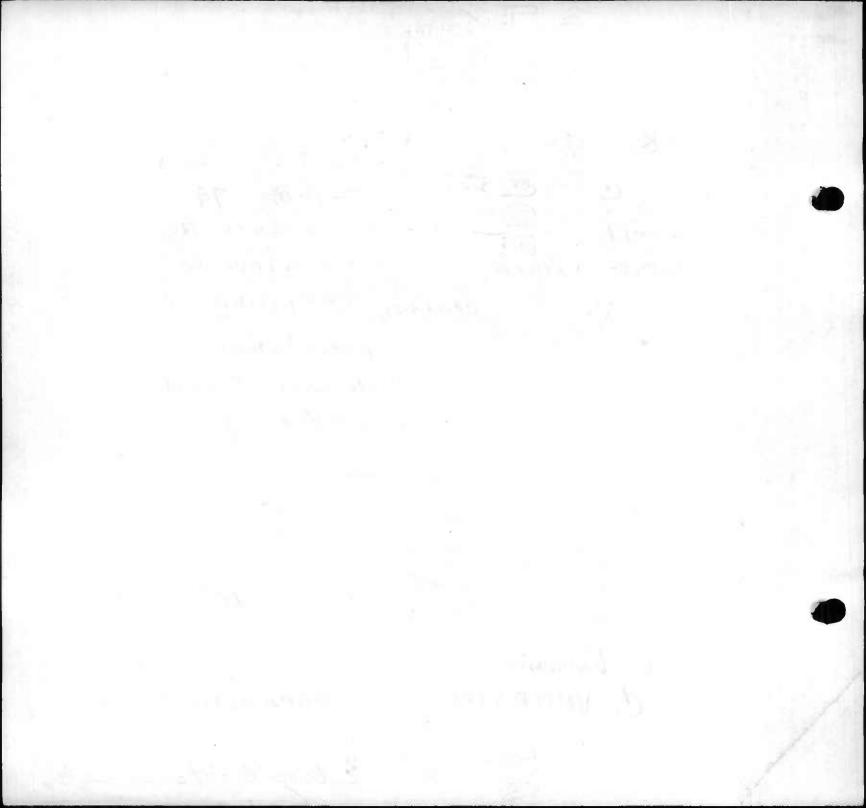
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T. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decensed lived, it institution: residence before odmission) A. STATE B. COUNTY 4. USUAL RESIDENCE (Where decensed lived, it institution: residence before odmission) A. STATE C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER T. MARRIED NEVER MARRIED DIVORCED DIVORCED 1. OATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3. OAM C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO F. MARRIED NO DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 1. OATE AND HOUR OF DEATH 9. AGE (In yeors) Months: Doys Hours Min.	BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.
EVIL HAMM OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE STREET ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE STREET ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE STREET ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE GIVE STREET ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE GIVE STREET ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE GIVE ADDRESS OR LOCATION, GIVE SINCE GIVE GIVE GIVE GIVE GIVE ADDRESS OR LOCATION GIVE GIVE GIVE GIVE GIVE GIVE GIVE GIVE	1. NAME OF DECEASED	
S. SEK	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY 28-41
IOA. USUAL OCCUPATION (Give kind of work) OE OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY	SINAI HOSP OF PALTO	E. STREET AND NUMBER
done during most of volting life, even if redired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Describe feve in U. S. Amend Forces? 16. SOCIAL 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heard ladive, astheria, elc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SOLT, giving rise to the above couse (A) stoling the UNDERLYING CONDITION Not. OTHER SIGNIFICANT CONDITION SOLT, giving rise to the above couse (A) stoling the UNDERLYING CONDITION Not. OTHER SIGNIFICANT CONDITION SOLT, giving rise to the above couse (A) stoling the UNDERLYING CONDITION Not. OTHER SIGNIFICANT CONDITION TOR WHICH OPERATION 20.A. AUTOPSYTITES or No. 20.8. If YES, WERE FINDING CONSIDERED NOT SOLT HERE DID HERE REPROMED WAS PERFORMED APPROXIMATE INTERVAL SECURITY NO. 18. MIMMEDIATE CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MATERIAL CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MMEDIATE CAUSE OF DEATH (A) MATERIAL CAUSE	WIDOWED DIVORCED	7/4/1893 lost birthdon7 5 Months Doys Hours Min.
15. Wos Defoosed Ever in U. S. Armed Forces? (IYes, no quantinown) (III yes, give war or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSE PAND DEATH (This does not mean the mode of dying, e.g., heard failure, sathenia, etc. II means the disease, injury or complicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19. A. DATE OF OPERATION 1985. CONDITION FOR WHICH OPERATION 1995. CONDITION F	done during most of grocking life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SECURITY NO. SECU	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heatt laiture, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). (C) OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). (A) IMMEDIATE CAUSE CIRCLE REAL THROMBOS / SUPPLY CONTRIBUTION OF AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE CIRCLE REAL THROMBOS / SUPPLY CONTRIBUTION OF AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). (C) OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). (A) IMMEDIATE CAUSE CIRCLE REAL THROMBOS / SUPPLY CONTRIBUTION OF AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION OF AS A CONSEQUENCE OF: OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITION GIVEN IN PART I (A). (A) IMMEDIATE CAUSE CIRCLE REAL THROMBOS / SUPPLY CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C) OTHER SIGNIFICANT CONTRIBUTIONS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBU		17. INFORMANT ADDRESS ADDRESS SUBLE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? etc.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? While At Work At Work	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, giving rise to the above couse (A) stating the	USE CEREBRAL THROMBOSIS 24 hrs. A CONSEQUENCE OF: ASC VD Chronic,
21A. ACCIDENT WAS UNDERLYING CRUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical action) CRUSE OF DEATH (noti	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OF INJURY (APPROX.) While At Work At Work	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, o	in or about 21C. WHERE DID (If in Baltimare City, give exact location) office bldg. INJURY OCCUR?
	OF INJURY (APPROX.) While At Work At Work	ile 🗇
	Stuars to Stielman DEGREE Phy	ending Med. Staff
DEGREE Phys. Director Phys.	STUART H. SPIEZMAN M. DEGREE	SINA HOSP BAITO
SWAM & Spelman Degree Phys. Attending Med. Shoff S/13/69 23C. PHYSICIAN'S NAME (Type) STUART H. SPIELMAN M. D. STUART H. SPIELMAN M. D. BALTO	Buncl 5-17-69 mt alun	Cel Ballo mel
Attending Med. Staff Sta	15 1969 17 9 6 7 0 0 40	25C FUNERAL DIRECTOR ADDRESS



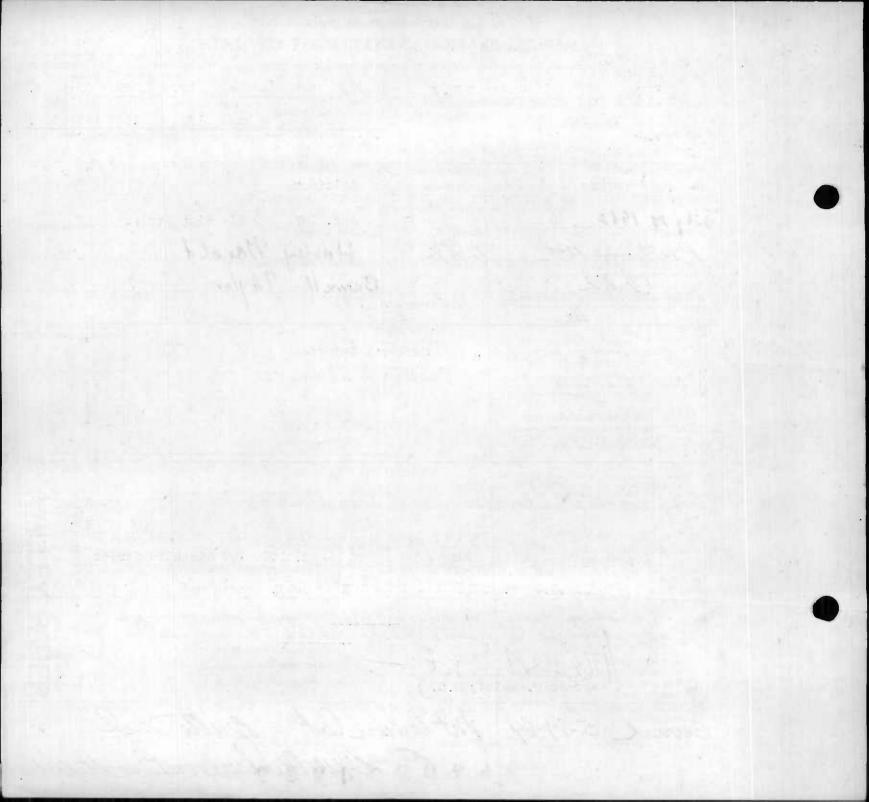
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BALTIMORE CITY HEALTH DEPARTMENT 69 4996			
BIRTH NO. 69 4996 CERTIFICA	ATE OF DEATH Registered No.		
NAME OF DECEASED	2. DATE AND HOUR OF DEATH		
Type or Print LIGONS, LONELL	5-12-69 25pm P. 15pm		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY		
FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location)	MARYLAND BUXKXNEWS USA.		
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
FRANKLIN SQUARE HOSP	D. STREET ADDRESS (If rural, give location)		
36	114 8 STOCKTON ST.		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED (Specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR			
dane during most al warking life, even if retired)	NEW BRUNSWICK, NJ. WHAT COUNTRY?		
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME		
LOWELL LIGONS	PRUDENCE HOGAN		
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 218-03-558	17. INFORMANT CHRISTINA BROWN CTOCKTON		
	OF DEATH INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	Man Provide 1 4'		
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	malguitsition 5-6-69		
heart foilure, astherio, etc. It means the disease, injury or complication which coused death.)	cute antero-lateral to noto cardial infarction 5-12-69		
ANTECEDENT CAUSES (B) DUE TO	5-12-69		
DISEASES OR CONDITIONS, if ony, giving	adoppodial in Parction		
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	The common striper (1787)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No!] 20 B. IF YES, WERE FINDINGS CONSIDERED		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
S OF INJURY (APPROX.) White At Work At Work			
22. I certify that (1) (this haspital) attended the deceased from	3-6- 19 69 10 5-12 19 67		
that (1) (we) last sow the deceased olive an 5-12 19 69 and that in (my) (aur) apinion death occurred on the date			
ond hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.			
23A. SIGNATURE C / Comarin M.D. Attending Med. Staff Phys. Director Phys. D 6-12-69			
23C. PHYSICIAN'S NAME (Type) / ANASIN M.D. PRONELIN COURSE HOSE			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CI	REMATORY 24D. LOCATION (City, town, or county) (Stole)		
Bruse & 5-15-69 not Calin	Part Buth mo		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RECISTRAY? 25C. EUNERAL DIRECTOR ADDRESS			
MAY 15 1969 Q 200 2 3 100 0	D. Elroy O. Helson 5/9/.		
VS 150-REV. 1/1/65			



69 4997 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 62-19379 MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH REG. NO.				
1 NAME OF DECEASED	2. DATE Known X Month Doy Year Hour				
(Type of Print) TAYLOR	OF DEATH Estimoted May 12, 1969 3:00 PM				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	May 12, 1969 3:00 P _M 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before edinission)				
Johns Hopkins Hospital	A. STATE Maryland B. COUNTY 5-01				
6. SEX 7. RACE 8. MARRIED NEVER MARR					
male negro WIDOWED DIVOR					
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) If Under 1 Yr. If Under Months Doys Hours	rs Min.				
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	Apt. 10E, 200 Aisquith Street				
MHAJ COUNTRY					
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR IN	NDUSTRY 15. MOTHER'S MAIDEN NAME				
done during most of working life every if retired)	Rivan II TAyler				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY I	NO. 18. INFORMANT ADDRESS				
19. CAUSE	OF DEATH APPROXIMATE INTERVAL				
DISEASE OF CONDITION DIRECTLY	Gerebral Injuries				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE					
	E TO, OR AS A CONSEQUENCE OF:				
injury or complication which coused death.)					
ANTECEDENT CAUSES (B)					
I KISE TO THE ABOVE CAUSE (A) STATING THE	E TO, OR AS A CONSEQUENCE OF:				
Z UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)					
20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERAT	ATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)				
اق ا	Yes				
O HANDERSKING TO CONTRIB	URY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) treet, office bldg., etc.) INJURY OCCUR?				
UNDERLYING AOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCC	Apt. 10E, 200 Aisquith Street				
OF INTURY					
(APPROX.) 5/10/69 5:00 P.m. WHILE AT	NOT WHILE Subj. beaten up				
I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinian					
resulted from Notural causes Accident Suicide Hamicide W Undetermined manner					
CHIEF MEDICAL EXAMINER					
ACTUAL					
SIGNATURE M.D.					
NAME (Type)					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
Durial 5-17-69 Intl	hiller at Dallo mix				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	R 259. FUNERAL DIRECTOR ADDRESS				
5 9 0 0 Stable Children in Buntter he					
VS 151-REV. 1/1/68 8 5 4					

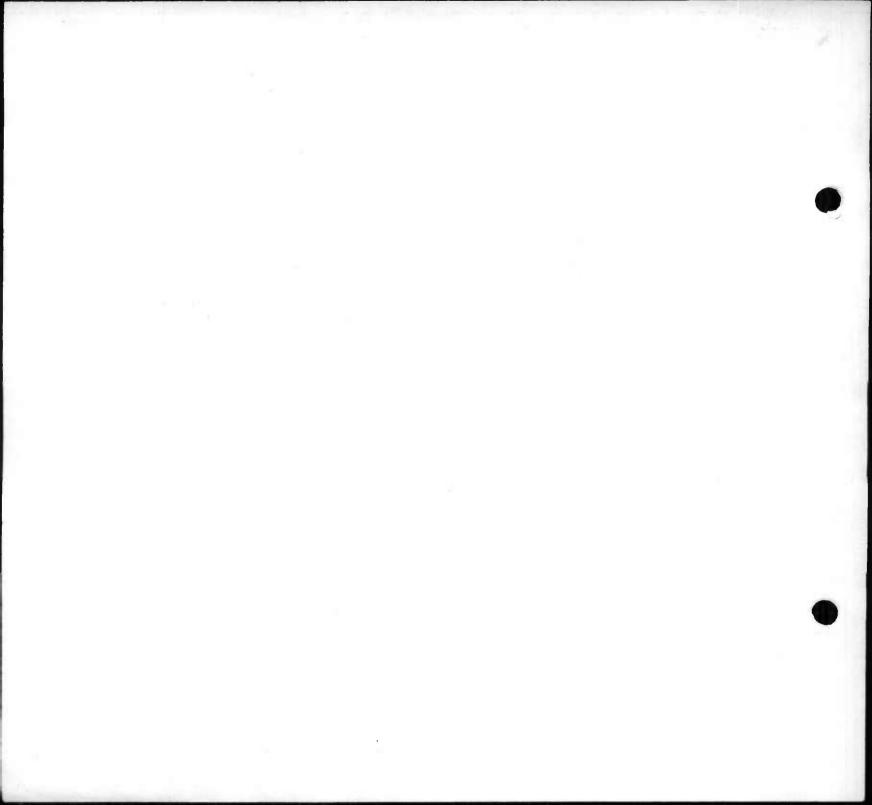


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

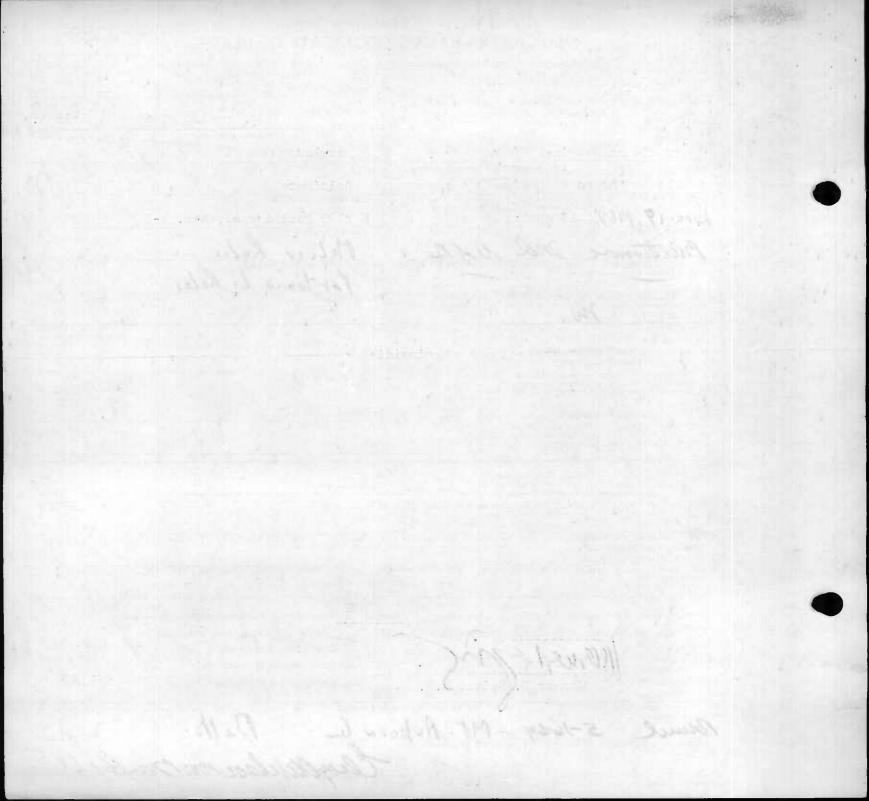
CE	RTIFICATE OF DEATH	REG. NO.	69	4998	_
BA	LTIMORE CITY HEALTH DEPARTMENT		00	4000	

69 4998 CEPTIFICA	TE OF DEATH REG. NO	69 4998	
1. NAME OF DECEASED	2 DATE AND HOUR OF DEATH		
Samuel W. SpeedE	May 12,1969	6:20 Am.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	nstitution; residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION GIVE STREET INSTITUTION	Maryland,	13-03	
	C. CITY OR TOWN D. INS	IDE CITY LIMITS?	
University Hospital-	E. STREET AND NUMBER	YES NO NO	
univ. of Maryland.	2537 Francis Avenu	Le Balto, Md.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 His. Months Doys Haus Min.	
10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State as foreign country)	12. CITIZEN OF WHAT COUNTRY?	
musiaens	manyland	U.S.A	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Ernest Speed	Bessie		
15. Was Deceased Ever In 5. S. Armed Forces? (Yes, no or unknown) (II yes, give war er dotes at service) SECURITY NO.	17. INFORMANT	ADDRESS	
No	georgine Edgestone		
18. 6 7 2, 01 CAUSE OF DEATH	H J J	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Proumania	2.40	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	acors,	
	and dekudiation	1 1,5400	
DISEASES OR CONDITIONS, if ony, giving Due TO, OR AS	and alkydiation A CONSEQUENCE OF:		
rise to the obove cause (A) stoting the UNDERLYING CONDITION last. (C)	paucreatiles	6 wes.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
U 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21B PLACE OF INJURY (e.g., in home, larm, loctory, street, off etc.)	n or objut 21 C. WHERE DID (II In Boltimor lice blog., INJURY OCCUR?	e City, give exoct lacation)	
	21F. HOW DID INJURY OCCUR?		
(APPROX.) While At Not While At Work			
22. I certify that (1) (this hospital) attended the deceased from 3/28/2 19 69 to May 12 19 69			
that (1) (we) last saw the deceased alive an May 12 19 60 and that in (my) four) apinion death accurred on the date			
and hour and from the causes stated above. (1) (Me) (did) (did not) view the body after death.			
230 STORATORE	nding Med. Mad.	238, DATE SIGNED	
GROUP CONTRACTOR CONTR	23D. ADDRESS	J. Williams	
OF CAPPE	22 S. Green St B	alk mal	
	MATORY 24D LOCATION (Ci	ly, town, ar county) (State)	
Berrial 5-12-69 Set Cutur	Let Balle	MI	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G TUNERAL DIRECTOR ADDRESS			



69 4999 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REP

BIRTH NO. 6/25311	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) CHANTEL ROLES	OF DEATH Estimoted 🖫
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	PRONOUNCED DEAD May 13, 1969 11:18 A _M
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
	A. STATE B. COUNTY
Provident Hospital (DOA)	Maryland /) - 0 /
6. SEX 7. RACE 8. MARRIED NEVER MA	RRIED . C. CITY OR TOWN D. INSIDE CITY LIMITS?
female negro widowed Divo	DRCED Baltimore YES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. I	
Wes-19, 1967 18 months 4	2200 Park Avenue, Apt. D-1
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
But of many WHAT COUNT	
Dillimore ma MAH	VRLUIV NOLES
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR done during most of working life, even if retired)	
	Partavica Li Roles
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give Mag or dotes of service) 17. SOCIAL SECURIT	18. INFORMANT ADDRESS
Pu	
19. CAUS	E OF DEATH APPROXIMATE INTERVAL
7 2 2 2 4 7	BETWEEN ONSET AND DEATH
I LEADING TO DEATH	ningitis
(A)!N	MMEDIATE CAUSE UE TO, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OE 10, OR AS A CONSEQUENCE OF:
Injury of complication when coosed dealing	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	UE TO, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER	ATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF IN	Yes
	JURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) street, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OF	
(APPROX.) WHILE AT	NOT WHILE AT WORK
23.	
I certify that I held an Inquiry Inspection	Autopsy X and that on this basis, death in my opinion
resulted from: Natural causes X Accident	Swiejde Homicide Undetermined manner
1000 11 (20)	CHIEF MEDICAL EXAMINER
ACTUAL WWW.	ASSISTANT MEDICAL EXAMINER
SIGNATURE	M.D.
EXAMINER'S Werner U. Spitz, M. J	D. ASSOCIATE MEDICAL EXAMINER
	CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
15uncl 5-16-69 M.	Tuburn lem. 1/2 1/0. Ind.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	AR 28C. FUNERAL DIRECTOR ADDRESS
MAY 15 1969 GR D. C. S. O.	MATALIN Melilan in Me M. 61
HI TO WE OUT ON SUICE	A STATE OF THE STA



٨	1 ==	. (+	5	1	
	by the chief medical examiner or his assistant if deoth occurred in a hospital and	leath	ire; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	where the physician who pronounced death was in regular attendance on the	No physician was in regular attendance on the deceased prior to death. Such	
	spital	o to	Dece	ice or	eath.	
	n a ho	cause	use; (5	endar	to 0/	
	red ir	uting	ed car	ar att	prior	
)	OCCUR	ontrib	ermin	regul	eased	
	deoth	t or c	Undet	as in	e dec	
	ant if	direc	d; (4)	ath w	on th	
	assist	if the	ny kin	od dec	ance	
	or his	Also,	e of a	ounce	attenc	
	niner	iner.	ractur	pron	ular	
	exan	exam	3) A f	n who	in reg	֡
	edical	pital by a medical examiner. Also, if the direct or contributing cause of death	urns; (ysicial	SDM I	1
	hief m	a me	lody b	he ph	sician	-
	the c	al by	; (2) B	here t	lo phy	-
	by	.Ed	re	3	4	

1-45 b	03 0:891	HEALTH DEPARTMENT		
Pe g Pe	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. DO DOUBLE		
deati deati cease on th	1. NAME OF DECEASED (Type or Print) Edwin Frederick Wilmer	May 12, 1969 10:00 Am.		
of of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
a hospit cause of se; (5) De indance to death	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
E _ 3 + E	(D.O.AUnion Memorial Hospital	Balto. YES NO NO NO NO NO NO NO NO NO NO NO NO NO		
D.=		4139 Roland Ave.		
contribut termined regular reased p	S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11-5-1912 9. AGE (In years Months Doys Hours Min.		
- e = e	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
deo Und as i	Executive Marine Inventory	Maryland USA		
if (4) × th th	Henry L. Wilmer	Edna M. Rigby		
istant he di kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. 212-01-0355	Jane S. Wilmer Same		
his assio, if the fany buced cendan	18. CAUSE OF DEATH			
medical examiner or ledical examiner. Als burns; (3) A fracture o hysician who pronoun was in regular attremains are embalme	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	SCHOOL MANTENERS UNKNA		
dy dy e p	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). PROPRESENTATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
y the chi ital by e; (2) Bo there th No physi before t	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	NO or about 21 C. WHERE DID (If in Baltimare City, give exact location)		
hosp natur ept w d (6)	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While Mork At Work			
ppro any (exc ; an	22. I certify tha (1)(this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on	July 6 1985 to May 1219 69. 1968 and that immy (our) opinion death occurred on the date		
ed ed nt o pita pita	ond hour and from the couses stated of ove (1) (We) (did) (did not)			
must celeas ccidel a hos to de al mu	23A. SIGNATURE Attended LIMINARY Attended Phys	ading Med. Shaff Director Phys. 238. DATE SIGNED		
9 2 0 7 0	NAME (Type) Marcio Menendez MD	5820 York Rd., Balto., Md.		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE			
	Burial 5-14-69 Loudon Park	Baltimore Md.		
This certithe body shows: (I) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR MAY 15 1969 1 9 6 9 0 0 0	2SC. FUNERAL DIRECTOR ADDRESS H. WoJenkins & Sons Co., Balto., Md.		
	VS 150 DEV 1/1/40			

0 1 M. Wo Jenkins Sons Co., Balto., Md. 1969 9 5 9 28 5 VS 150-REV. 1/1/68

